Today's Health

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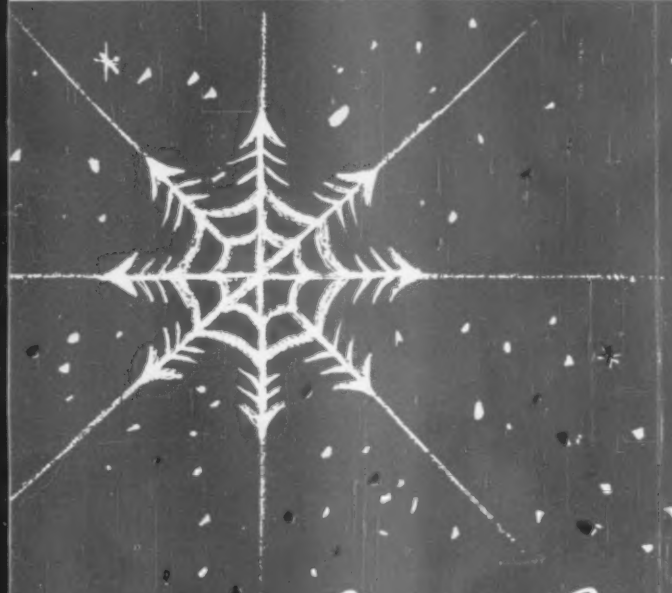


In the Christmas Spirit:

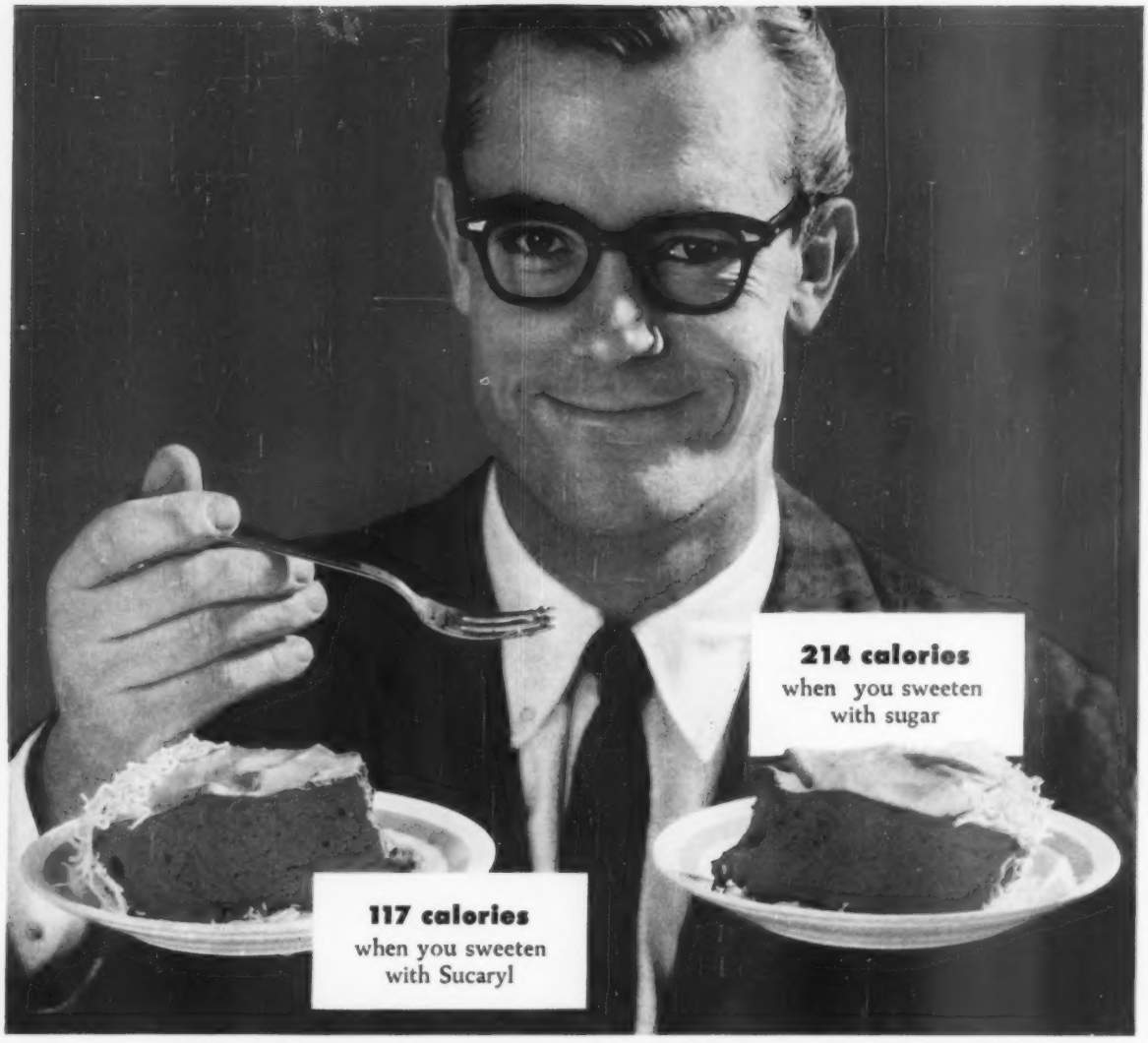
Tiny Tim in New Jersey

Ghosts of Christmas Past

How Much Should You Tell the Doctor?

Personal Portrait:

U.S. Surgeon General Leroy Burney



You can't taste the difference, but

Sucaryl makes it lots easier to cut down calories

WEIGHT WATCHER'S CHOCOLATE CHIFFON PIE

½ tsp. oil	1 square (1 oz.) unsweetened chocolate
½ c. shredded coconut	¼ cup boiling water
½ c. cold water	2 egg yolks
1 tbsp. gelatin	½ c. nonfat dry milk solids
2 tbsp. Sucaryl solution	½ c. ice water
¼ tsp. salt	½ tsp. cream of tartar
1 tsp. vanilla	

Brush 8-inch pie plate with oil; coat sides and bottom with coconut. Set aside. To cold water, add gelatin, Sucaryl, salt, vanilla; set aside. Melt chocolate in double boiler; add boiling water; cook and stir until smooth; remove from heat. Add unbeaten egg yolks; stir until blended. Add gelatin mixture; stir until smooth. In chilled bowl, beat milk solids with ice water and cream of tartar on high speed until stiff peaks form. Add chocolate mixture slowly while beating on low speed. Pour into pie plate. Chill until set. Serves 6.

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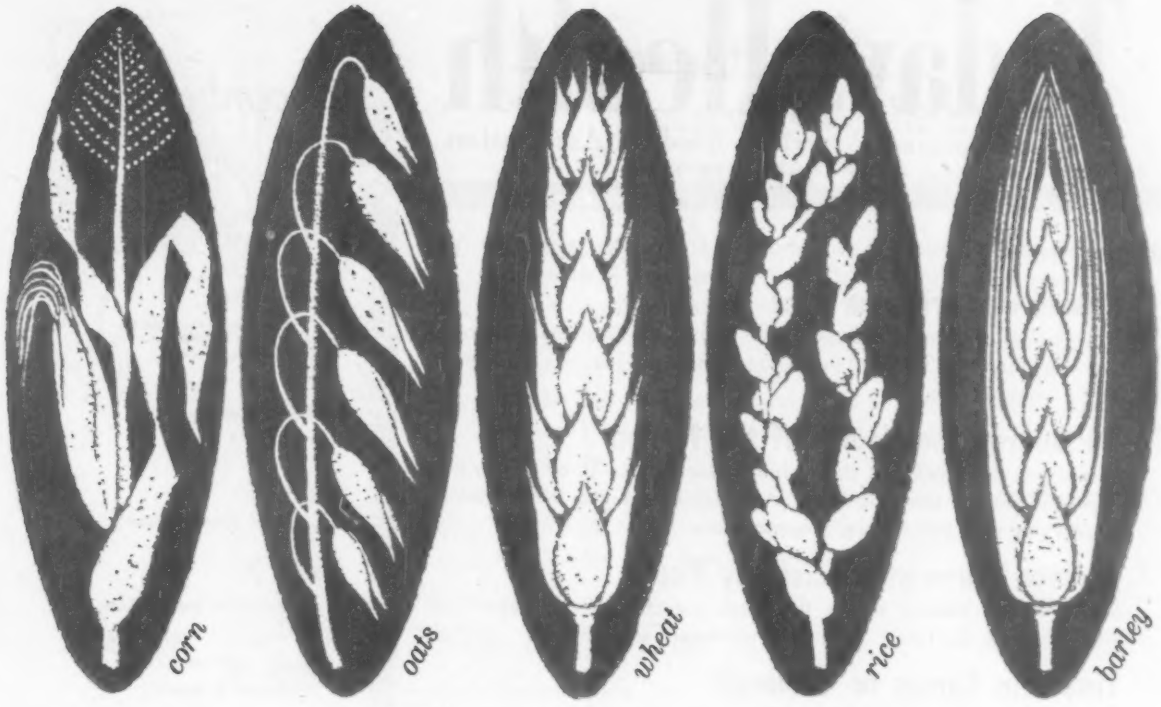

a moderate reduction in fat indicates cereal and milk serving

Medical and nutrition authorities recommend moderation and reasonableness in food choice as a best guide to good health. When a moderate reduction of dietary fat is indicated, a good choice is the cereal and milk serving for breakfast and the late evening snack.

Both the breakfast cereal and the milk contribute well-balanced nourishment and provide quick and lasting energy. This serving, as shown below, is a good source of many nutrients and provides about 10 per cent of the daily recommendations of high quality protein, important B vitamins, and essential minerals. Served with nonfat milk, the fat content is very low.*

nutritive composition of average cereal serving

	Cereal, 1 oz. Whole Milk, 4 oz. Sugar, 1 teaspoon	Cereal** 1 oz.	Whole Milk 4 oz.	Sugar 1 teaspoon
CALORIES	203	104	83	16
PROTEIN	7.3 gm.	3.1 gm.	4.2 gm.	
FAT	5.3 gm.	0.6 gm.	4.7 gm.*	
CARBOHYDRATE	32.2 gm.	22 gm.	6.0 gm.	4.2 gm.
CALCIUM	0.169 gm.	0.025 gm.	0.144 gm.	
IRON	1.5 mg.	1.4 mg.	0.1 mg.	
VITAMIN A	195 I. U.	—	195 I. U.	
THIAMINE	0.16 mg.	0.12 mg.	0.04 mg.	
RIBOFLAVIN	0.25 mg.	0.04 mg.	0.21 mg.	
NIACIN	1.4 mg.	1.3 mg.	0.1 mg.	
ASCORBIC ACID	1.5 mg.	—	1.5 mg.	
CHOLESTEROL	16.4 mg.	0	16.4 mg.*	

*Nonfat (skim) milk, 4 oz., reduces the Fat value to 0.1 gm. and the Cholesterol value to 0.35 mg.
**Based on composite average of breakfast cereals on dry weight basis.

Bowes, A. deP., and Church, C. F.: Food Values of Portions Commonly Used. 8th ed. Philadelphia: A. deP. Bowes, 1956.
Cereal Institute, Inc.: The Nutritional Contribution of Breakfast Cereals. Chicago: Cereal Institute, Inc., 1956.
Hayes, O. B., and Rose, G. K.: Supplementary Food Composition Table. J. Am. Dietet. A. 33:26, 1957.

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Today's Health

PUBLISHED BY THE American Medical Association FOR THE AMERICAN FAMILY

December 1958

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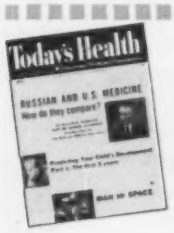

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That's a good QUESTION

Edited by WILLIAM BOLTON, M.D.

Flying for Heart Patients

Why should heart patients be careful about plane flights?

The farther one goes above the earth's surface, the lower the air pressure becomes and the less oxygen there is in the air. This means the higher we go, the more difficult it is for oxygen to pass from the air into the blood through the lungs. Thus the heart must pump more forcefully and faster to keep the tissues supplied with enough oxygen to function normally.

The brain is especially sensitive to any oxygen shortage and a heart that doesn't function normally at ground level will be burdened much more at a high altitude. Heart failure is a strong possibility.

Pressurized plane cabins have solved the problem to some extent, but present methods cannot reproduce ground level pressures. The nearest they can come is about 5000 feet. Even this much altitude might place a heavy burden on a severely damaged heart. Anyone with a heart disorder should check with his physician before planning a plane trip.

Milk and Dental Decay

I've heard that bacteria in milk create lactic acid, which causes erosion and decay of tooth enamel. Does this mean it is dangerous for humans, particularly adults, to drink milk?

It is true that bacteria, called lactobacilli, are present in milk, and there are enormous amounts in buttermilk and acidophilus milk. In fresh milk they appear as accidental contaminants, and when they flourish the milk becomes sour.

Lactobacilli are associated with dental decay, but there is not enough evidence to say they actually cause it. There are many other bacteria in the mouth which can produce acid far more rapidly than do lactobacilli. These acid-forming bacteria quickly turn sugar and other carbohydrate residues into acid, which dissolves tooth enamel and contributes to the formation of cavities.

If the diet is low in carbohydrates and if the teeth are brushed after eating, the acid-forming bacteria will have practically no material from which to make acid. The nutritive value of milk is extremely high and it is important, even for adults, to consume milk as part of a well-rounded diet. The number of lactobacilli in fresh pasteurized milk is remarkably low.

Potato Calories

I love potatoes but am overweight. Is there any way I could prepare potatoes so they would be less weight-building?

The starch that provides most of a potato's calorie value is near the skin. We cannot give you any assurance that caloric intake will be greatly reduced, but at least it would be lowered some if you made sure to cut away the skin in a thick peel. Do not use cream sauces, and keep butter or margarine to a minimum. A baked potato would surely be "off limits."

Potatoes are not just starch. An average-sized potato provides 85 calor-

Doctor Bolton, associate editor of TODAY'S HEALTH, is also associate director of the American Medical Association's Bureau of Health Education. In that capacity, he answers each month an average of 1300 inquiries, from which these are selected.

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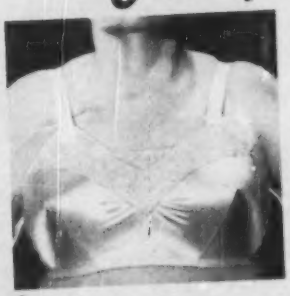

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Ammonia Poisoning

Did you ever hear of poisoning caused by ammonia produced in some way in the body?

Ammonia is one of the end-products of protein digestion and germ action in the intestinal tract. In the normal healthy person, it is changed in the liver to form urea, and finally is excreted from the body through the kidneys. If the liver is not operating properly, excess amounts of ammonia may accumulate in the blood. Principal effects produced include various brain disturbances, and finally even coma. Treatment with various antibiotics has helped some patients with liver damage. By keeping down the number of germs in the intestinal tract, these drugs decrease the formation of ammonia, placing less of a burden on the liver.

Cabbage and Goiter

I love cabbage, and eat a lot of it, even raw and as cole slaw, but I have heard it may cause goiter.

It is known cabbage contains substances that can produce changes resulting in development of a goiter. These substances are destroyed by cooking. It is conceivable that if a person ate tremendous amounts of raw cabbage, a goiter might be produced, but this is certainly not a common problem.

Do It Yourself?

Why don't doctors teach their patients with high blood pressure to take their own pressure readings? This would be a more constant check on the condition, and the patient would know when he should see the doctor. They do it with diabetes.

Most physicians don't approve of this because it would focus attention on the patient's condition and seriously aggravate his natural anxiety over it. In turn, the blood pressure would be increased. This could develop into a vicious cycle. We know, for example, that a blood pressure reading is often unnaturally high during a patient's first visit to a doctor simply because he fears a high reading may be obtained. Patients with high blood pressure should see the doctor at regular intervals regardless of how they may feel.

Diabetes is not a good comparison because in that disorder the blood sugar content will not be affected by concern on the part of the patient. He simply understands that if the urine test shows sugar, he must take the insulin dosage recommended by his physician for such a situation.

Special Head Rest

Is there anything like a safety belt that can be used to protect against whiplash injuries in auto accidents?

A special type of head rest that can be placed over the back of an auto seat is available. This may be a partial answer to the problem, but apparently there is no provision for securing the head. Unless this is done, the forward snapping of the head would appear just as likely to occur. The head rest probably would be useful for anyone who drives steadily for long periods.

Blood Vessel Disease

Does arteriosclerosis ever occur in children? When does it become an important cause of death? What are the chief causes of heart deaths in children?

Because arteriosclerosis is principally a manifestation of the aging process, it almost never occurs in children. Only if there were some serious degenerative process in a child could hardening of the arteries be expected to develop. This condition begins to be observed between ages 25 to 40, and increases in occurrence from that point on. Between ages 45 and 65, it is credited with causing 58 percent of all cardiovascular deaths.

Causes of heart deaths in children are congenital defects, found principally in the heart and its valves and involving infants up to age five, and rheumatic fever, which is most important from ages five to 24. END

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FIGURE A
When two parents work together, father holds child's wrists, mother steadies head and forces mouth open.

When They Won't Take Their Medicine

by **FORREST P. WHITE, M.D.**

IN MEDICINE, one year's miracle is next year's commonplace treatment. Pneumonia, middle ear infections, scarlet fever, and many other diseases that formerly meant weeks of illness are now controlled in a few days with antibiotics. Only a few years ago, a series of penicillin "shots" were required for quick control of most bacterial infections. Now, all but the most serious of these can be treated at home with antibiotics or sulfa drugs.

Children haven't changed, however. The sicker they are, the more stubborn they are apt to be about taking medicines, even the new pleasantly flavored products. This leaves many parents with the problem of forcing the medicine into the child, or submitting him to a series of injections in the doctor's office or hospital.

When persuasion, promises, admonitions, and attempts at disguising the medicine have all failed, what then? Here are some general rules and some specific techniques:

FIGURE B
Mother gives child medicine by holding arm back and legs between her knees.

FIGURE C
Children resisting medicine should be wrapped in a blanket, sheet, or robe.

- Plan the procedure first. Have all equipment within reach. If two adults are involved, decide what each will do.
- Put the medicine bottle where the child can't knock it over. A good precaution with a bottle of $5 medicine.
- Assume from the first that you are going to succeed. This conviction alone may persuade the child that he may as well cooperate. Children are realists, and when they find they're losing a struggle they soon give up the useless effort.
- Don't let your child's excitement infect you. Keep calm. If you feel anger, don't show it. Just keep talking to the child calmly and soothingly, even when he's yelling his little head off.
- When a liquid medicine is given and the child vomits afterward, wait till he calms down and then repeat it. Usually it will stay down the second time. If not, check with the doctor for further instructions.

In Figure A, two parents are working together (or ganging up, from the child's point of view). Note that the father is holding the child's wrists and holding her body close to his, while mother steadies the head and forces the mouth open.

Figure B shows the position for one adult giving liquid medicine to a child. Note that the child's legs are held between the mother's knees, her left arm is kept behind her back. Mother uses her right hand to hold her daughter's right elbow. She clamps daughter's head against her body.

When forcing medicine by mouth, it's often best to give only half a teaspoonful at a time. For an unusually rambunctious youngster, pour out a half teaspoonful into each of two spoons, put them on a table, return the bottle to the shelf, then get the child. Holding him as shown, place the spoon on his tongue and hold it there, tipping it to pour a small amount at a time onto the back of his tongue. As long as you keep the spoon in place, he can't spit the medicine out and has no choice but to swallow.

Almost any child resisting medicine will open his mouth to cry, allowing

(Continued on page 59)

FIGURE D
Eye or nose drops may be administered when child is snugly wrapped and mother has hands free to hold the head.

FIGURE E
When oral medication is used, a dropper is inserted next to nipple and medicine is given a few drops at a time.

FIGURE F
When giving an enema or taking a rectal temperature, movements of the legs and body should be controlled.

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by HAROLD MEHLING

HE SHOULD BE DEAD today, this wild clown who has brushed against some of the toughest characters in the country, and whose own life has felt tragedy. Instead, his perpetual youth still makes us forget our cares and roar with delight.

He was born on lower Manhattan Island with the cries of pushcart peddlers in his ears. Everyone knew he'd never be a beauty, and made sure he knew it, too. He has what someone called "a wildly original face."

At 17—that was in 1910—he was playing the piano. Not the classical music his parents liked, but jazz. So he went out to Coney Island and banged the keys in saloons frequented by gangsters and even murderers. His mother was sure he'd grow up to be a thief but he said, "I just play the piano, Momma. I have some fun."

When the police once closed up a boisterous tavern he was playing in, he started a boxing career as Kid Salerno, was knocked out in the first minute of the first round and ended the career the same day.

He took two partners, a singer who had just quit a job because he didn't like his factory foreman, who was Al Capone, and a dancer who had just lost $98,000 in a dice game. The three remained together for many years, their partnership agreement consisting only of photographs on which each wrote, "To my dear pal and partner."

The trio scraped together enough money to open a night club themselves, and the enterprise was profitable but frightening. Warring gangsters had to be seated far from each other and men like "Legs" Diamond were customers. Whenever a fight broke out, the meek piano player would dash out and hide.

By 1928 they were earning almost $300,000 a year.

Then, dizzyingly, came radio shows and Hollywood, where his movies were a great success. By the late 1930's his income was almost a half-million dollars a year. But suddenly people stopped laughing. He hit a dry spell and couldn't get work. For five years he was idle, a period saddened by his wife's death. Then came television and he made a sensational comeback.

At 66 today, he makes us laugh as hard as ever, and is still shy and modest. He says he starts each day with a song, but his friends know he really starts it with a prayer.

Who is this piano-playing clown? *(Answer on page 71)*

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The More the Merrier

THE DOWNTOWN STREETS of our village are trimmed with tinsel and holly these days. Tin angels stand on the lamp posts and silver stars swing in the chill night skies.

The warm glow of lighted Christmas trees shines from house windows. And the bright store windows are a feast of treasure.

A sprig of mistletoe hangs above the doorway. If a lady pauses under the mistletoe, we will give her a merry smooch. Merry Christmas, lady. Smack.

☆ ☆ ☆

The young squire is now three years old and I must acquaint him with Santa Claus.

It was a fine cold night downtown. A single star hung in the sky and the store windows gave off great chimes of Christmas music. Electric trains ran in and out of tunnels. And rows of dolls stared poker-faced at all us people on the sidewalk.

Santa Claus sat in the window. You could walk right in and talk to him. He was wired for sound—had a microphone under his beard.

"Ho, ho, ho" he said and his voice came out in the street, electronically amplified. "Ho, ho, ho. And what do you want for Christmas?"

☆ ☆ ☆

My boy got behind my legs and peeked doubtfully at this mechanical person. I don't blame him. Santa Claus may cover more range in these electronic days. But he sounds like he is hollering into a barrel.

This is a very emotional season. Tough on moppets. But great for grandmas.

All the grandmas had turned out to see their little Joeys meet Santa Claus. The thing is, little Joeys are not hep to Santa Claus the first time around. And this man with the mechanical voice had them worried.

For all they knew, the big lug with the whiskers might EAT them.

☆ ☆ ☆

The grandmas were having the time of their lives. You cannot beat that.

"Joey," they said. "Go up and meet Santa Claus, Joey."

The Joeys were having no part of such a deal. They would not go up and meet this man without somebody holding a gun on him.

The mothers were pretty upset. "Go up and see Santa Claus," they said. "Grandma brought you down here, didn't she?"

Under this pressure, a few of the older Joeys moved up the aisle with a sullen and desperate look. They let Santa put them on his lap. What did they want for Christmas?

"Lecrick train."

They got off Santa's lap and headed for the exit. You could tell they were thinking: "It will be a long, cold day before Grandma puts me in that spot again."

☆ ☆ ☆

The six-year-olds had been through this wringer before. They were red hot to see Santa. (I think they wanted to see if that beard was real.)

Some of them went through the line twice. Having gone back and cased the show windows and come back to mention a few things they had forgotten.

"You want to see the nice Santa Claus?" I asked my own moppet.

(Continued on page 56)

Want to relieve your head-cold discomfort in a matter of seconds?

It's easy to do. Just ask your pharmacist for a 'Benzedrex' Inhaler.

Remember that the Inhaler contains propylhexedrine, a medicinal ingredient especially developed to reduce intranasal swelling in a few seconds.

Remember, too, that the 'Benzedrex' Inhaler is most convenient. And it's inexpensive. It's light. It's small. It takes up next to no space in your pocket or purse. You have it with you when you need it.

And you can use the Inhaler as often as you wish—without fear of excitation, jitteriness, or insomnia. Smith Kline & French Laboratories, Philadelphia.

For intranasal relief between visits to your doctor

SKF BENZEDREX* INHALER

You'll find it at drugstores everywhere

*T.M. Reg. U.S. Pat. Off.

how to avoid constipation

Use this simple check list as a guide to help you avoid the problem of constipation.

☐ **Diet**	Eat on a regular schedule. Be sure meals are well-balanced and include adequate roughage, fresh fruits and leafy vegetables.
☐ **Fluids**	Make it a point to drink plenty of water and fruit juices (especially citrus).
☐ **Exercise**	Take a brisk walk daily or another form of regular physical activity.
☐ **Prompt response**	Answer promptly when nature calls. This may be most important of all, and often overlooked. Be sure, too, to take all the time you need.
☐ **Relaxation**	Rest and relaxation are important. Take a few minutes each day to relax and try to avoid needless worry.

If you can check all the points above, you probably won't have the problem. But if constipation does arise, give nature a helping hand with the time-tested laxative, Agoral.

Taken at bedtime, pleasant-tasting Agoral works gently while you sleep, to produce a normal bowel movement in the morning. It relieves constipation without urgency or interruption of daily activities.

To obtain free, authoritative booklet, "How to Avoid Constipation," which discusses bowel physiology, fill out form below and send to:

Dept. of Professional Services
Warner-Chilcott Laboratories
201 Tabor Road
Morris Plains, New Jersey

Please send me the free booklet, "How to Avoid Constipation."

Name

Address

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agoral®

promotes normal bowel action—naturally.
It is equally safe for adults and children.
If constipation persists, consult your physician.

Today's Health News

by ALTON L. BLAKESLEE

BONE GLUE: There is now a glue to cement fractures and cracks in human bones. Poured into a fracture site, it swells and hardens into a rigid foam to bond broken ends together. A splint is needed for 18 to 24 hours until the glue hardens. Soon afterward the affected limb can be used for movement and to carry body weight. The glue, polyurethane (tradename Ostamer), is eventually absorbed by the body with no toxic effects observed in experiments lasting more than two years, says Dr. Michael Mandarino of Hahnemann Medical College, Philadelphia. He and Dr. Joseph Salvatore, now at Walter Reed Hospital, Washington, D.C., described the bone glue to the American Association for the Surgery of Trauma. They said it promises relief especially for elderly persons with broken hips and professional athletes who must get back into action soon.

FATIGUING LUNG DISEASE: Probably some 30 million Americans--one in six of us--have a strange lung infection known as histoplasmosis, says Dr. Michael L. Furcolow of Kansas City, Missouri. Caused by a fungus, it mimics TB, the common cold, flu, and other diseases. Many cases are mild and never diagnosed, but the victim may not "feel good" or has a fever and cough or chest pains. Mild cases last a few days, and the disease has often been mistaken for TB, Doctor Furcolow writes in GP magazine. One antibiotic, given by vein, is effective against it, and others probably will be found to knock out the fungus infection, he adds. The disease is especially common along the Missouri, Mississippi, and Ohio River valleys, says Doctor Furcolow, who is associated with the U.S. Communicable Disease Center at the University of Kansas Medical School.

THE BLIND READ: With a new machine, a blind person can "read" any printed magazine or book. No Braille is needed. The device, the size of a portable radio, scans a line of printed matter, and broadcasts musical sounds according to the pattern of black and white lines of the letters. The blind person has to learn the musical code. A trained "reader" should reach a reading speed of 15 to 30 words a minute, says the Veterans Administration, announcing development of the blind reader. Further development of the device and training methods still are needed. The reader is being developed at the Battelle Memorial Institute, Columbus, Ohio.

TOOTH DECAY: A recent survey checked 2032 toothbrushes found in 1000 American families. Only 700 were considered capable of doing an efficient job. Yet, says an editorial in the Journal of the American Dental Association, "proper use of a good toothbrush is vital to dental hygiene. Indifference is costly."

BAGGY EYES: Bagginess of the lower eyelids results from loss of elasticity of the skin. It is common among the aged but also occurs in younger persons, usually as an hereditary or familial peculiarity, says an A.M.A. consultant. Bagginess develops slowly and becomes more conspicuous with fatigue and malnutrition. Plastic surgery can help when the condition becomes unsightly.

HEART ATTACKS: A five-year study of 1911 middle-aged men finds no relation between coronary heart disease and the use of tobacco or alcohol. But it does show a relationship between heart disease and obesity, high diastolic

(over)

blood pressure, and a high amount of cholesterol in the blood. The study was made by Dr. Joseph T. Doyle, director, and Dr. Paul E. Formel, assistant director of the Cardiovascular Health Center at Albany Medical College, and Dr. Herman E. Hilleboe, state health commissioner.

CAUSE OF STROKES: Many brain strokes with their damaging effects are caused by obstructions in the arteries in the neck. This shuts off vital blood flow to the brain. X-rays can detect the fault in the neck arteries, and surgery can often remove the obstructions or create a detour, Drs. E. Stanley Crawford, Michael E. DeBakey and William S. Fields of Baylor University and Methodist Hospital, Houston, Texas, write in the A.M.A. Journal.

TELEPHONE MEDICINE: With new electronic equipment, the country doctor could consult a big city specialist for aid in diagnosing patients' ailments. The equipment picks up heart signals, pulse, respiration rate, and other data, and transmits it over a telephone line. It worked successfully in a demonstration staged over a 1000-mile telephone hookup between Kansas City and the Naval Hospital, Bethesda, Maryland. The equipment, costing about $300, was developed by Navy Lieut. John D. Kern, Bethesda cardiologist.

RESISTANT GERMS: A new antibiotic, ristocetin, successfully overcame pneumonias caused by staphylococci germs which had become resistant to usual drugs, Capt. George L. Calvy and Lieut. L. Richard Schumacher of the U.S. Naval Hospital, St. Albans, New York, write in the A.M.A. Journal. With widespread use of antibiotics, the appearance of resistant strains of "bugs" has become a thorny problem.

In Geneva, delegates to the Atoms for Peace Conference heard these reports:

"HOT" FOOD: You might be a bit more radioactive today than you were yesterday—all because of what you eat. This is because foods vary in their amounts of natural radioactivity. Brazil nuts, for example, are 1400 times more radioactive than cheese, eggs, vegetables, meats, and fruits. There is no indication yet that the radiation from foods—which is unavoidable—causes any harm.—Drs. W.V. Mayneord, J.M. Radley, and R.C. Turner, Royal Cancer Hospital, London.

TOLERANCE: A new finding marks "a first step toward protecting man from radiation." This discovery is that mammals can apparently acquire some tolerance to x-ray radiation. In the experiments, unborn rats were exposed to small doses of x-rays, beamed through their mothers' abdomens. After they were born, they could withstand high doses of radiation far better than rats which were not exposed to the x-rays earlier. There is no intention, of course, to attempt any such thing with humans. But learning why the rats became more tolerant to radiation might lead to a means of protecting humans.—Dr. Joseph Maisin, University of Louvain, Belgium.

QUICK-KISS ATOMS: For diagnosing diseases, doctors are beginning to get quick-kiss atoms. Their radioactivity quickly dies out. A new form of radioactive iodine — Iodine-132 — exposes the thyroid and sex glands to only one percent as much radiation as a person gets from Iodine-131, which is widely used to measure faults of the thyroid gland. The Iodine-132 can even be given to pregnant women or children, or used to make daily measurements of thyroid activity, reported Drs. K.E. Halnan of Manchester, England, and E. Eric Pochin of London. And radioactive Oxygen-15 promises to be extremely useful in detecting some lung and breathing troubles, said other English researchers. Half of the Oxygen-15 disappears or dies out within two minutes. It's so short-lived it has to be made in a cyclotron at the hospital where it is used.

These news items, gathered for *Today's Health* by a veteran science reporter from sources where serious scientific work is being carried on, are reported as interesting new developments, and should be read as such. Obviously no "endorsement" by the American Medical Association is implied by the publication of news items.

—Editor

START YOUR DAY
THIS
Protein Way

TOAST V-10 PROTEIN BREAD

Most refreshing flavor you ever met in toast—sunny-morning flavor that puts you in a sunny-morning mood.

Rich in "Vital 10" protein—the kind of high-quality protein you need to help keep fit, full of vigor, ready for work and ready for play.

For name of V-10 baker nearest you, send postcard to V-10, 760 Grain Exchange, Minneapolis 15, Minn.

LICENSED BY WISCONSIN ALUMNI RESEARCH FOUNDATION

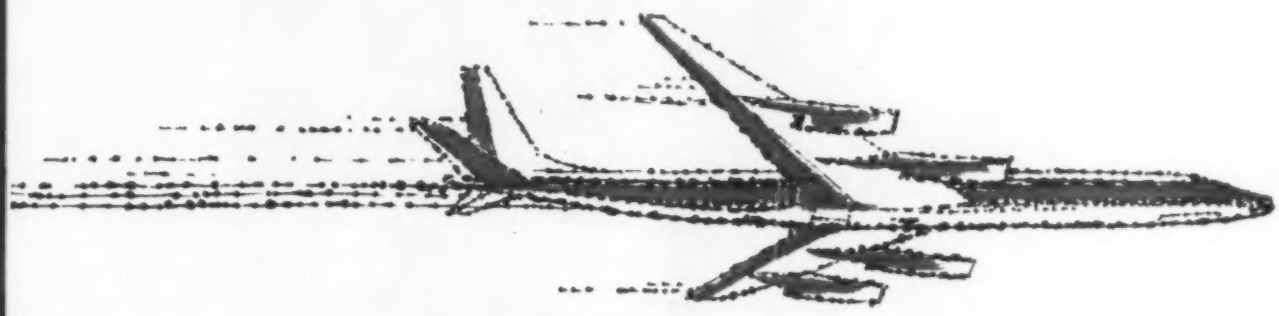
"V-10 Protein" supplement in this bread is a complete, balanced protein like that in meat, milk, eggs. The protein quality is guaranteed by the Wisconsin Alumni Research Foundation, the people who developed the process which put Vitamin D in your milk.

© 1958 by F. H. Peavey & Co. on behalf of bakers of V-10 Protein Bread

...nny [illegible] Scrooge opened it and put ... hi[illegible]ad ... . But and happiest of all, the ... me be[illegible] ... was hi[illegible]ave to make ... in ..."

LAST CHRISTMAS EVE I flew home to my family through a wild snowstorm. The plane bucked and plunged against a heavy headwind. Bolts of winter lightning flashed out of black clouds and stabbed at the windows. Snow swirled through the propellors and danced in the red glow from the exhaust.

Inside the cabin, all was calm. The passengers were for the most part businessmen and seasoned travelers. They were drinking coffee, dozing, or kidding the stewardess. Even when the plane suddenly lurched and dropped several hundred feet as though falling down a hole, there were a few soft swear words but no panic. I noticed that the seat belt light was on and I nudged the man across the aisle who had fallen asleep.



OF CHRISTMAS PAST

by JHAN ROBBINS

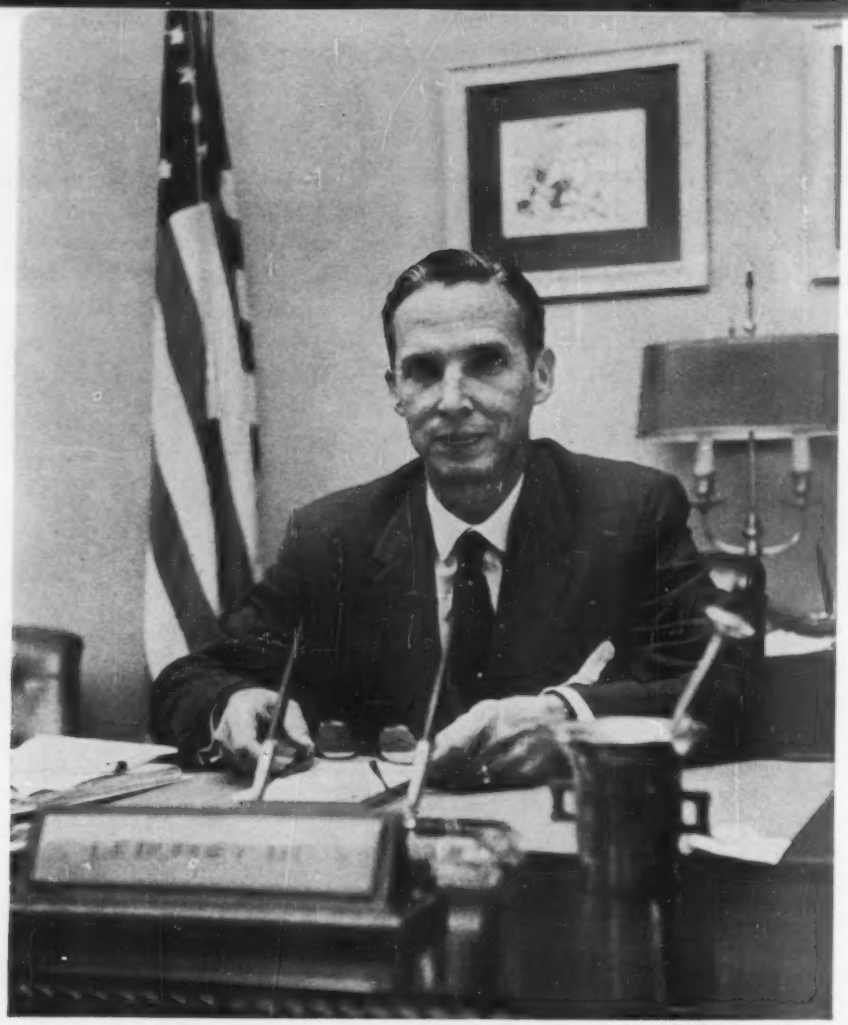
A small book tumbled off his lap and fell to the floor. It was Dickens' *A Christmas Carol*. I picked it up and handed it back to him.

It is now more than a century since Ebenezer Scrooge went to bed on Christmas Eve and suffered through three terrible nightmares. He was visited, as you will remember, by the ghosts of his Christmas past, his Christmas present, and his probable Christmas future. For this man whose name has since become a symbol of selfish, crabbed, and joyless living, the dreams were a warning to mend his ways.

I read again one of Dickens' closing paragraphs. The third and last vision was fading. The scene in the abandoned graveyard had faded to Scrooge's own bedroom. The terrifying phantom suddenly turned into a bedpost.

"Yes, the bedpost was his own. The bed his own, the room his own. *Best and happiest of all, the time before him was his own, to make amends in.*"

Happily, few of us have a record as bad as Scrooge's or need to make as strenuous reforms. Yet the continued popularity of this yuletide *(Continued on page 48)*



Black Star, Noel Clark

He Guards the Health of the Nation

by JACK HARRISON POLLACK

EVEN THOUGH you're more health-minded than the average American, chances are you know little about Dr. Leroy E. Burney, Surgeon General of the United States Public Health Service.

A slim, youthful, five-foot, 10-inch man with blue eyes and gray-brown hair, Lee Burney is a friendly, easy-going Indianan. A career officer, he has spent half of his 51 years in public health work all over the country.

In his office in the U.S. Department of Health, Education, and Welfare Building in Washington, D.C., you get a glimpse of the complex job of being the doctor with the largest (175 million) "practice" in the United States. Since he was appointed Surgeon General two and a half years ago, Doctor Burney has had four major problems.

The first was inheriting the Salk polio vaccine controversy. A teamwork man who believes in cooperative rather than dictatorial methods, Doctor Burney made sure the USPHS worked closely with the American Medical Association, the National Foundation for Infantile Paralysis, the pharmaceutical industry, and the state health officials in promoting polio shots as the vaccine became available.

Though he opposed rationing it, he urged communities in short supply to vaccinate children and pregnant women first. Millions of Americans under 40 still haven't received one Salk shot—much less the three required for maximum protection. But Doctor Burney is hopeful that they will get them—and even a fourth shot—if necessary

Who is the man who's Uncle Sam's top physician? What does he do? How do his decisions affect the health of millions?

–before next year's polio season gets a head start.

Doctor Burney's second big problem was the 1957 Asian flu epidemic. This new strain of influenza virus broke out in the Far East, ignored national boundaries, and sped around the globe.

The first confirmed case in the United States was reported aboard a naval vessel in Newport, Rhode Island, in June 1957. But two months earlier, Surgeon General Burney–remembering the 1918-19 international flu epidemic which had killed 850,000 Americans–began preparing for it. The problem was "to alert but not to alarm" the nation and to encourage people to use the new vaccine. Racing against time, in a dramatic example of modern peacetime public health in action, he worked with the American Medical Association, American Hospital Association, pharmaceutical manufacturers, the Association of State and Territorial Health Officers, and many national voluntary organizations including the Advertising Council.

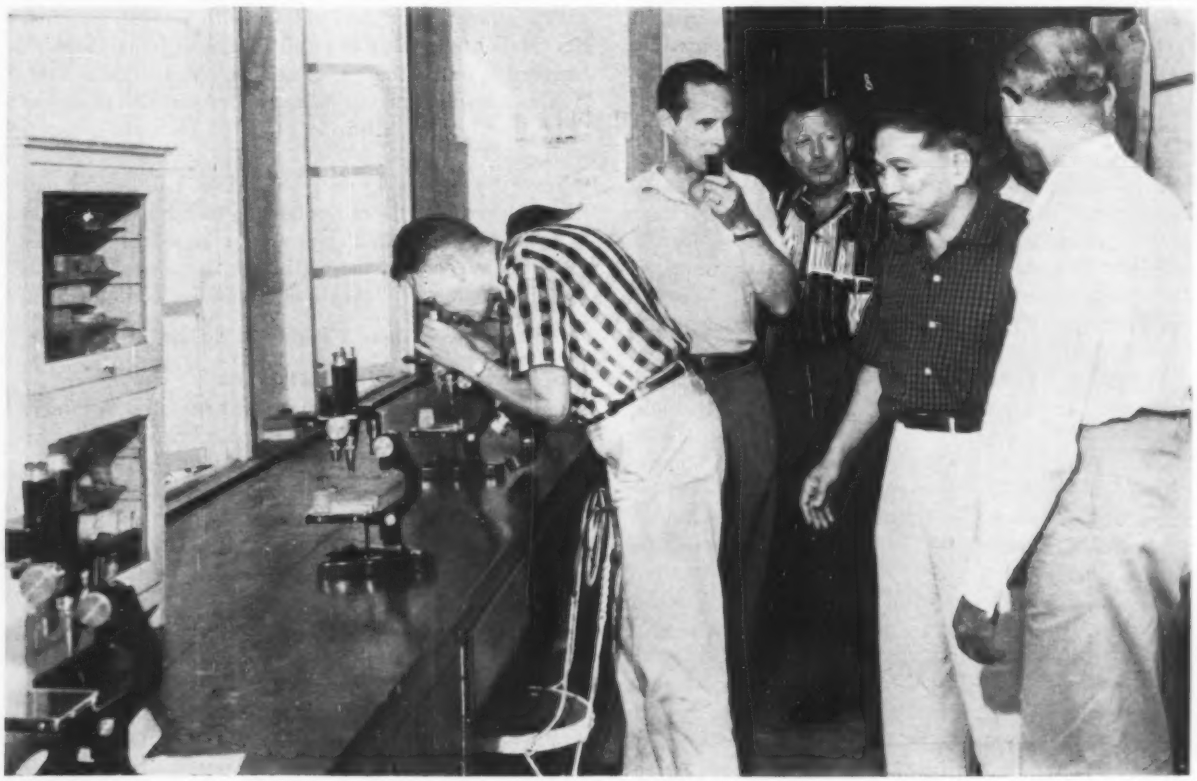
Result: for the first time in history, we were *ahead* of an impending flu epidemic and could control the bug–the only nation in the world so well prepared for it. "Millions of persons probably didn't get Asian influenza because of the vaccine protection," Doctor Burney says.

This winter a milder Asian flu epidemic is expected. But with sufficient vaccine now available, the Surgeon General believes that your family doctor should decide whether you should get a flu shot.

The cigarette smoking controversy was the Surgeon General's third administrative firecracker. In July 1957, the USPHS historically warned: "Excessive cigarette smoking is one of the factors which can cause lung cancer." A year later, it pointed out that a study of nearly 200,000 United States veterans showed: "The death rate was 32 percent higher for smokers than for non-smokers; the lung cancer rate for regular smokers of cigarettes only was about 10 times the death rate for non-smokers; the death rate of persons who regularly smoked cigars and/or pipes was not significantly higher than that of non-smokers."

Doctor Burney, long a chain-pipe smoker who likes an occasional after-dinner cigar or cigarette, admits, "We did a lot of soul-searching before we reached that decision. But there was substantial evidence for our position.

Surgeon General Leroy Burney visits Manila's Malaria Research Center. "We're a small world, health-wise," he says.
ICA, D. Conlas



"The practicing family doctor is the key to immediate and future medical progress."

We knew that we would be criticized by the tobacco manufacturers, but we felt that we had a responsibility to present the facts to the medical profession and to the public. Still, we haven't gone as far as they have in Great Britain and some Scandinavian countries to warn against cigarettes."

Warns Against Dangers of Mass X-rays

A fourth crisis for the government's leading health officer occurred in January 1958 when he warned against the indiscriminate use of mass x-rays. Though conceding that x-rays are a great life-saving weapon, he pointed out that too many people weren't being protected from unnecessary exposure. In fact, the radiation danger from nuclear-weapon fallout tests were "infinitesimal" compared to that to which many Americans were being exposed by some x-rays, he insisted.

Mass x-ray surveys for tuberculosis should be conducted on a selective rather than a community-wide basis, he recommended, because the tuberculosis problem had changed radically during the past 15 years. In some parts of the United States, tuberculosis is now rare; in other areas, among certain groups, it is still a serious problem. Despite protests that the USPHS warnings made some patients resist needed x-rays, Doctor Burney firmly insisted, "I believe that when the public is informed, it will act intelligently."

A dedicated public health officer during the past 26 years with a sincere interest in people as individuals, Lee Burney has quietly blazed many new trails. Back in 1937, for example, when Surgeon General Thomas Parran was crusading to eliminate prudery toward venereal disease, 30-year-old Doctor Burney established in Brunswick, Georgia, the first government mobile venereal disease clinic.

In those days VD was still a hushhush term. Doctors were then battling ignorance and superstition as well as germs. Traveling in fully-equipped "health-mobile" with two local nurses, Doctor Burney persuaded thousands of Negroes in the pine forest and in turpentine camps to give him blood samples.

Even on Sundays, he drove over lonely dirt roads, frequently stopping in front of a church. Many times, he was allowed to interrupt the service long enough to switch the topic from sin to syphilis.

"The preacher would often lead his congregation to our trailer clinic for a blood test, and then lead them back inside the church to continue their singing and praying," Doctor Burney recalls.

Because of his spectacular success here, he was loaned to the Georgia Health Department to run its VD control program.

Uncle Sam's number one doctor, the only child of his machinist father, was born on December 31, 1906, in tiny Burney, Indiana. This town of 300 was founded by his great-grandfather, who moved there from North Carolina to set up a grist mill.

During the post-World War I flu epidemic, 12-year-old Lee, like many others, used an old wives' remedy to chase away the disease. "I wore one of those smelly old asafetida bags around my neck," he now laughs. "This ancient herb smelled like garlic or rotten onions. Many people then believed that it warded off germs just as masks supposedly did. I also remember seeing many people walking around town wearing masks."

He was graduated from Indiana University with an M.D. degree in 1930. A classmate recalls, "Lee Burney was always interested in new scientific experiments in medicine and used to offer himself as a 'guinea pig' in order to contribute something that would benefit mankind." Yet he wasn't sure what branch of medicine he would enter until the medical twig was bent by a Public Health Service doctor.

"When I was interning at the U.S. Marine Hospital in Chicago," he recalls, "Dr. A. J. McLaughlin, who is now a retired member of the Public Health Service, got me a Rockefeller fellowship in public health at Johns Hopkins University in Baltimore." Recruiter McLaughlin says, "He had an idealism, vision, and courage which made me think that he had a terrific potential for public health work."

Several years earlier on a blind date, Lee Burney had met Mildred Hewins of Booneville, Indiana, a classmate at Indiana University. They were married in February 1932, several months before Doctor Burney received his master's degree at Johns Hopkins and was commissioned in the USPHS.

No Water in Their Kitchen

The 25-year-old bridegroom quickly rented a Baltimore walk-up apartment and then sent for his wife. After inspecting it, she was shocked to find that her doctor-husband had picked a place without any water in the kitchen. "In order to cook and to wash dishes, I had to fetch water from the bathroom," she laughingly recalls. She didn't live there long, though, because her husband began moving around like a pack-up-and-leave Army officer.

Doctor Burney's first job was in the Charlottesville, Virginia, county health department. There followed a long series of moves back and forth across the country on the USPHS checkerboard. Then he went to Georgia, where he set up a pioneer mobile VD clinic. Other Southern states soon copied it. *(Continued on page 60)*

A New Life— at a Leisurely Pace

A new standard for medium-income retirement communities being set by Port Charlotte, Florida, is so attractive that even people in their 30's and 40's are moving in.

by **MARTIN ABRAMSON**

ONE EVENING in June 1953, Andrew Hellweg, a plumber in Pacific, Missouri, sat on the back porch of his small home, poring over maps, real estate guides, Chamber of Commerce bulletins, and travel folders. Hellweg had some time to go before he'd be ready to cash in on his Social Security and his union pension, but he was already studying possible warm-weather sites where he could enjoy the sunset of his life in comfortable retirement.

"Of course, there's only one place the missus and I really want to settle—that's the coast of Florida," he told a neighbor. "But we want to live in our own home, no back room of a boarding house. To get a house in a good location in Florida, you need a lot of that stuff they store at Fort Knox."

I met Andrew Hellweg and his wife recently. Bronzed by the sun, looking relaxed and healthy, they had just come back from fishing the west coast Florida waters, and were watering the lawn in front of their *own home*. How had Hellweg managed to afford his golden little acre?

"We were lucky," he told me. "We found fellows who are willing to build for the little guy."

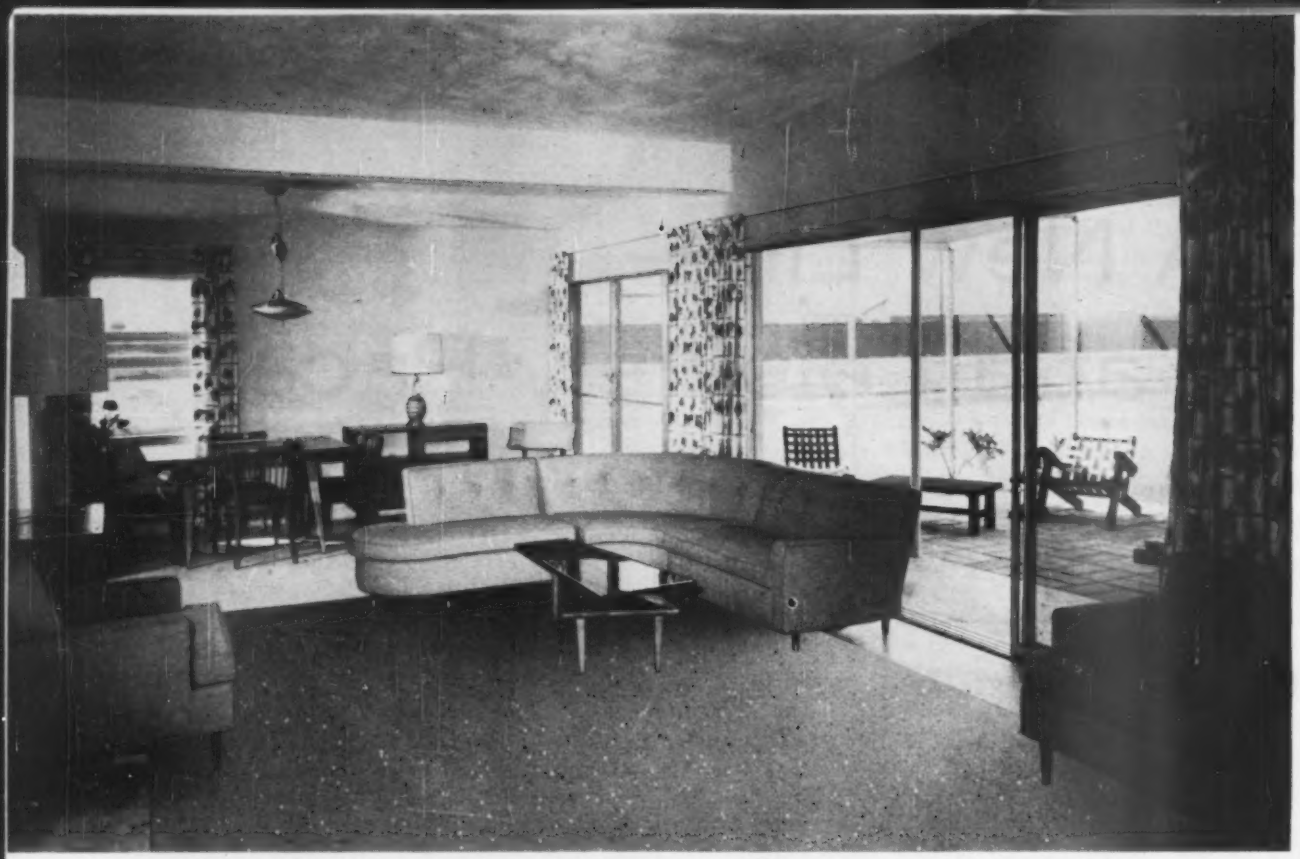
A New Kind of Florida Land Boom

An ever-increasing tide of Andrew Hellwegs are picking up pension checks and streaming south to participate in a new kind of Florida land boom, pioneered by those "builders for the little guy"—the brothers Elliott, Robert, and Frank Mackle. They are partners in the Mackle Company, one of the top three home builders in the country. The Mackles had the foresight and the courage a few years ago to buy up great tracts of Florida ocean frontage. Previously earmarked as playgrounds for the rich, this acreage is being turned into a series of "retirement cities"—mass-produced, low-cost housing developments.

The Mackle real estate revolution down South is proving that good homes in good locations can be provided for people of limited means. One-family Mackle homes with bedroom, living room, dining area, kitchen, bath, screened porch, and storage area, sell for $6960 (including a 75 x 100-foot lot) and are payable on the basis of $210 down and $46 a month. The rooms are comparatively small, but airy. The living room is 11 x 12 feet; the kitchen is 6 x 10.

As part of the purchase price, buyers get paved streets, city water, sewage, and electricity. The Mackles also landscape the plot and plant a few citrus trees. The $46 payments include principal, interest, taxes, and hazard insurance. The writer met some families with a Social

Claude W. Cottingham traded his retirement lodge in Minnesota for a Port Charlotte home and year around fishing.

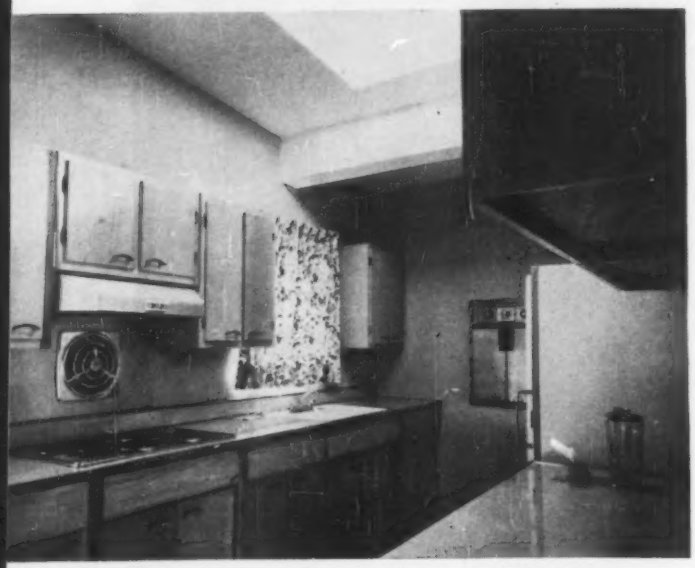


Large windows, sliding glass doors, and patios help open houses to outdoors. Buyers get paved streets, city water, and sewage.

Security income of $162 a month, plus a small income from dividends, pensions, or savings. Such families have found they can afford their retirement homes.

What is most important to people who can't forget the "bust" which followed the first Florida land boom of the 20's is that many precautions have been taken to prevent a replay of the past. Florida's Real Estate Commission checks all advertising claims made by developers. Furthermore, the Mackles have a 50-year record of construction know-how behind them, a good capital structure, and a nation-wide sales organization reputable enough to have received a commendation from National Better Business Bureau investigators. Leading real estate editors who visited Florida recently to see if a Mackle home is as good a value as the ads claim have been singing a chorus of superlatives.

Compact, attractive kitchen is light and airy, has many built-in features—range, oven, exhaust fan, food blender.



Six Times Size of Manhattan

Mackle "retirement cities" are springing up in six sections of Florida, all hugging high and well-drained coastal sites. The largest is Port Charlotte, where I found the Hellwegs. Located on Charlotte Harbor, which empties into the Gulf of Mexico, it is a mile and a half north of the little town of Punta Gorda. Sprawling over 80,000 acres—six times the size of Manhattan Island—on the site of a former cattle ranch and the country's last wild turkey preserve, it now has about 1500 families.

When it is completely developed within the next five to seven years, its population is expected to hit 300,000. If it does, it will be the largest planned community in the world, easily surpassing Levittown, New York, which has about 65,000 people.

The most unusual aspect to the development of this vast "retirement city" is that a large number of home buyers are only in their middle years. Some are still in their 30's. They are buying retirement in easy stages, coupled with a very practical annual vacation program.

Just down the block from the Hellwegs, for instance, I found their son, Norbert, in his own Mackle home. "It

occurred to us that we were spending almost as much money for family vacations each year as I'd have to spend for my payments on this house," he explained. "I felt my family could spend their vacations here and meanwhile, we'd be building up an equity. By the time I'm ready to collect Social Security, I'll have my retirement home all paid for."

To lighten the load of maintaining their vacation-retirement home while still paying for a home or apartment up North, many Port Charlotte residents rent their place out during the period they're not living there. William S. Buswell, ship's captain on a Great Lakes ore boat, won't move to Florida permanently until he retires 19 years from now. In the meantime, he and his wife spend part of the winter in their Port Charlotte home while the Great Lakes are frozen over. For the rest of the year Buswell goes back north and relatives occupy his Florida home.

Canals Bring Waterfront to Door

The area has the advantage of being a magnet for vacationers and tourists, many of whom like to rent homes for short periods. Its magnificent 40-mile sweep of waterfront provides some of the country's best salt-water and fresh-water fishing, as well as sandy beaches for bathing and facilities for water skiing and boating. The Mackles have constructed a network of canal-like waterways which bring the waterfront to homes located back from the beach, and give boat owners direct access to the Gulf of Mexico. The home owner who prefers fishing can drop a line about 50 feet from his back door. Hunting enthusiasts find wild turkeys, doves, quail, and deer along near-by trails.

The Gulf Coast location, where the weather is less extreme than on the east coast, makes for pleasant year-'round living. A New York basketball coach lives in his Port Charlotte home in summer and rents it out to vacationers during the peak winter travel months. Two doors away, an amusement concessionaire from Detroit spends the winter in a home which he rents during the summer.

I met young couples who bought homes in conjunction with their parents. These are retirement homes for the old folks and vacation residences for the sons and daughters. Eventually, the houses will become their year-'round retirement homes, too.

Choice of 10 Pastel-Colored Models

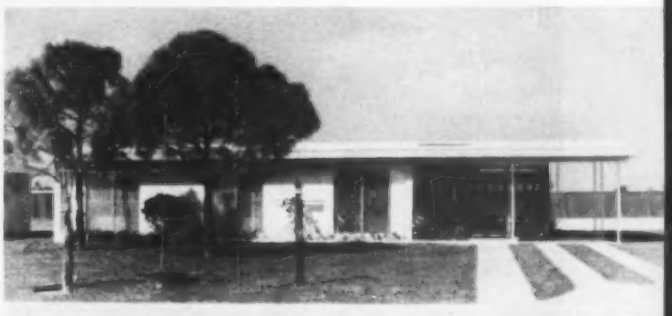
There are 10 different models of pastel-colored concrete-block homes in Port Charlotte, ranging from the Mackles' basic $6960 house to a $17,000 "Biscayne Harbor" model which has three bedrooms, two baths, a 19 x 14 living room, a dining area, a "Florida" recreation room, a carport, and storage areas, as well as certain "extras." All prices include a minimum 75 x 100 lot. The designs emphasize features which open the house to the outdoors— large window space, glass sliding panel doors, and patios and terraces.

To avoid a regimented development appearance, different types of houses are alternated in each block. You won't find, for example, endless row after row of $6960 homes. The Mackle Company is glad to see a young

Lowest-priced home ($6960, $210 down, $46 monthly) has bedroom, living room, dining area, kitchen, bath, and porch.

Lodge Harbor model sells for $9650 ($300 down and $56 a month), has one bedroom, bath, screened porch, carport.

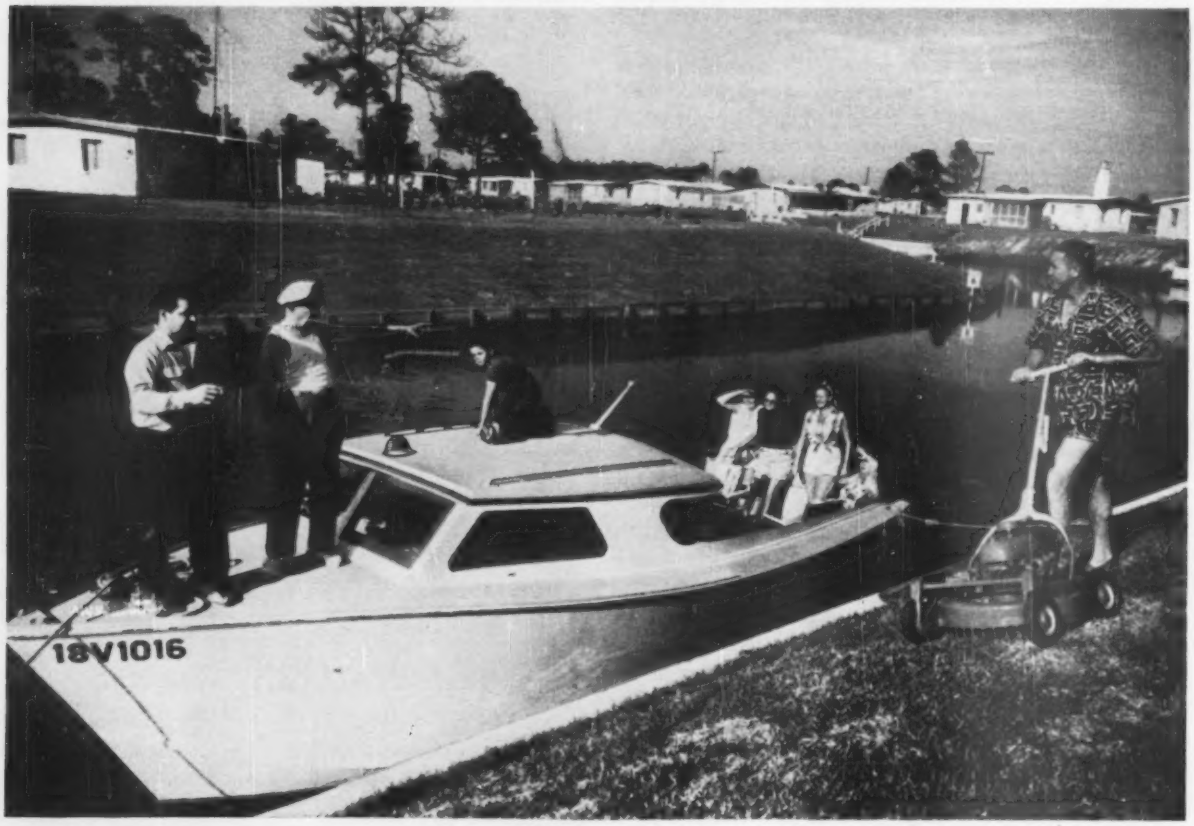
Three-bedroom Siesta Harbor home has one bath and enclosed garage. Price: $13,800, with $450 down, $86 a mo.



Resort Harbor model includes three bedrooms, two baths, carport, screened patio. It sells for $16,200—$900 down, $101 a month. (All above prices include 75 x 100 ft. lot.)

Homes of different styles are set at varying angles to avoid development look. Canals lead to harbor (rear) and Gulf.

William S. Buswell (right), ship's captain in his 40's, is one of many whose future retirement homes are used for vacations.



married family with children in one home in each block as a step toward simulating as nearly as possible the community from which the man and his wife came. Houses are placed at varying angles to give maximum privacy and to avoid the look of project building. Streets wind and bend gracefully.

The Mackles have built several playgrounds and community parks and turned them over to a newly-organized home owners' association. A community house provides a place for meetings of the Port Charlotte Civic Association and other clubs for social functions.

The community has 40 miles of coastline, including a bathing beach on Charlotte Harbor that features a 500-foot fishing pier, barbecue pits, thatched huts, and badminton courts for the exclusive use of property owners.

One shopping center, including a super market, barber shop, sundry store, hardware store, and a garage, is in operation and additional regional centers are going up in other sections of the city.

When the area was first cleared, many palm trees had to be cut down, though as many as possible were saved. New trees are being planted, but the town can use still more trees and more shade. New areas that are just being built up have a raw, sandy look, but as the community develops, the appearance of new sections improves.

Some self-employed people such as artists, writers, and free-lance designers live and work at their trades either part time or full time in Port Charlotte. They are attracted not only by the favorable climate, but by the favorable tax rate. The average home owner pays $28 to $40 a year in property tax and only $5 a year in land tax.

Retire Early with Part-Time Work

A few couples who hadn't anticipated retiring for a number of years came down to look at the Mackle homes and decided they were inexpensive enough provided they found part-time work until their retirement funds or pensions came in. William J. Clark, former head lighthouse keeper at Fort Monroe, Virginia, is one of those who retired to Florida well ahead of his expected schedule. He now does woodwork while Mrs. Clark works as a part-time reporter for the Punta Gorda newspaper.

Some residents work in Fort Myers, 24 miles away. There is no industry in Port Charlotte or the immediate area, though a large section of land has been set aside for industrial development.

There is no school, either, but families with children find this no real problem because free bus service is provided to the near-by Punta Gorda school.

In addition to homes, the Mackles are selling homesites by the thousands. Lots 80 x 125 feet sell for as little as $895, on terms of $10 down and $10 a month. Most of the people buying lots are in their 30's and 40's. Many intend to build their own homes. Many others expect to have the Mackles build for them, but for various personal or financial reasons don't feel they're ready yet for a Florida home. They bought the land as a hedge against expected future rises in land costs in the booming retirement-vacation area. *(Continued on page 54)*

"Four Hours a Day, the Rest for Play"

HOUSING is only one of the problems of men and women past retirement age. Caught in the spiral of inflation, many of them find their meager incomes don't stretch nearly far enough these days. Under Social Security regulations, they are limited to earnings of $1200 a year.

Two widely separated and different organizations have found an answer in programs that are beginning to attract national attention—part-time work.

In Lake Wales, Florida, the Joa Company, manufacturer of precision machinery, is entering the eighth year of a plan it calls "four hours a day, the rest for play." Employees on the Four-Hour Plan can work either the morning or the afternoon shift. One-fourth of the work force is full time to maintain continuity of operations.

The company's president, Curt G. Joa, a master mechanic with degrees in mechanical engineering and political science, views the traditional gold watch presented to a retiring employee as a "symbol of uselessness." Forced retirement, he says, is bad business for both company and employee.

Joa doesn't feel he's being altruistic in hiring oldsters. He needs their skills and experience. "We feel our men do not reach their peak until middle age," he says. "When age takes its toll and they can't stand the eight-hour-a-day pace any longer, the answer is simple: Don't throw away those skills—simply change the pace."

The Joa system works so well for older workers that some of them have gone on full time. At 75, one man gave up his Social Security to take charge of the factory's stock and shipping department. He walks a mile to his job every day and company officers say he can outwork many men half his age.

The firm also takes advantage of Florida's abundance of retired industrial veterans as consultants or to do farmed-out homework, such as checking blueprint specifications and product development.

The oldsters—tool makers, mechanical engineers, and machinists for the most part—not only produce as well as younger workers—they pass along their "trade secrets" to trainees and benefit the company by preserving the old skills of the senior craftsmen.

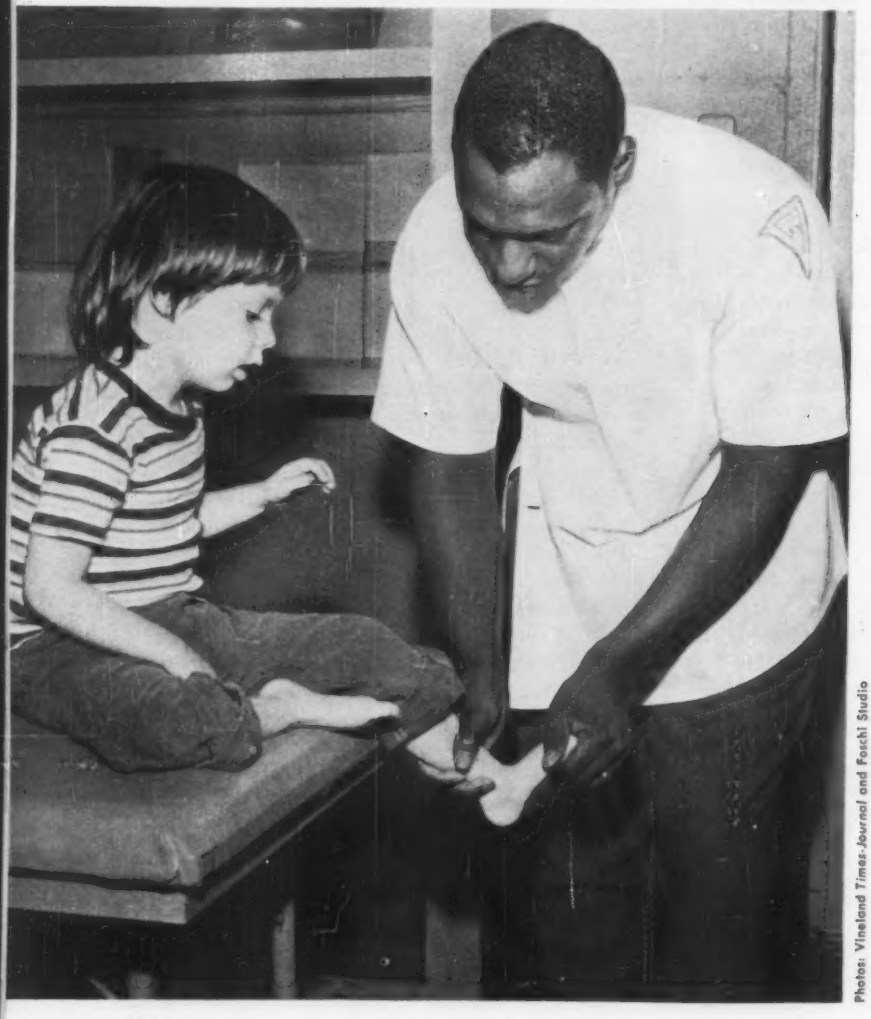
Older workers present no accident or absenteeism problems, according to Kenneth C. Healy, company secretary. "The *(Continued on page 58)*

Tiny Tim Comes to Vineland

To the people of this New Jersey town, Dickens' immortal Christmas story has a special meaning—thanks to a housewife with an idea and boundless energy.

by **THEODORE IRWIN**

Brain-injured child who cannot walk is helped by physiotherapist in Tiny Tim Clinic. She is one of 68 children who have been helped by the Fund.



Photos: Vineland Times-Journal and Foschi Studio

THREE DAYS before Christmas, a special glow will pervade the quiet city of Vineland, New Jersey, a farming and industrial community 35 miles south of Philadelphia. The whole town will seem to throb that evening as some 2000 men, women, and children – dressed in gaily-colored clothes and carrying old-fashioned lanterns—stroll the streets and stop in groups before porch-lit homes to sing Christmas carols. Vineland's mayor has proclaimed this "Tiny Tim Night" to perpetuate a unique tradition.

As the carolers lift their voices in the lingering melodies, tin cans bearing the legend "Tiny Tim Fund" will be held out to home owners and shopkeepers imbued with the warmth of sharing. Before the night is over, thousands of dollars will have been gathered. During the coming years these funds will go to help Vineland's children, crippled or gravely ill, who can find no other way to salvage their lives. The Tiny Tim Fund, in its avowed purpose, sees to it that "no child in the community need be without medical aid."

Every Christmas season for the past 12 years, the spirit of Dickens' immortal Tiny Tim has taken over Vineland. The idea was sparked in the mind and heart of Mrs. Betty Ells, a tall, dark-haired, vibrant 40-

year-old housewife with boundless energy and more than her share of determination.

It happened one night in 1946, several weeks before Christmas. Betty Ells was at her fireside, reading to her three-year-old daughter, Joan, from Dickens' "A Christmas Carol." Near by, year-old Susan was sleeping peacefully.

As Mrs. Ells unfolded the story of Scrooge and Tiny Tim, a disturbing thought kept intruding. That afternoon the local newspaper had appealed for funds to aid six-year-old Patty Ann Myers, a "blue baby" since birth. She was one of 10 children in her family and her father worked in a glass factory. Money ($500) was urgently needed to send her to Baltimore's Johns Hopkins Hospital for an operation that would unblock Patty's aorta, the main artery to the heart which, when plugged, causes "blue babies."

To Betty Ells, reading to her daughter, it seemed "awful" that any child should not be able to enjoy Christmas to the fullest. Her own modest home was cozy and content. In her bedroom upstairs was a huge pile of unopened gifts sent by Betty's parents, then traveling in Europe. If Patty were her own child, she thought, certainly there would be money for the trip. "I felt sort of guilty," Mrs. Ells recalls.

As she turned the pages and glanced at her daughter, bright-eyed as she listened to the tale of Tiny Tim, Betty Ells wondered silently, "What can I, myself, do to give poor Patty a happy Christmas?" Then her mind turned back to other Christmases, to the time when she was 14 or 15 in Plainfield, New Jersey, when she and her friends would go about singing carols and some people gave them cookies. It was fun then.

Why, it suddenly occurred to her, shouldn't it be fun again—with a purpose, caroling and at the same time collecting contributions, instead of cookies, for Patty? Why couldn't dozens and dozens of people do that? What neighbor could resist the chance to do something for Vineland's Tiny Tim? The notion excited her and as she mulled it over, she could find no flaw.

When her husband arrived home, he joined in her enthusiasm. Husky, extroverted, and practical, Dick Ells is a distributor of poultry supplies, active in service clubs and civic affairs. Together, the team went promptly to work on their wonderful project.

They fixed a date for the caroling, then phoned friends. Everyone said, "Yes, of course we'll come out with you." The idea snowballed. For a song leader, they went to Ted Nash, a school superintendent who led many community choral groups.

"Did it ever occur to you," he suggested, "to get out the Rotary, too?" Sure enough, many Rotarians responded, promising to bring along their wives and children. A minister heard about the street-singing idea and enlisted his church's choir. Other churches joined. Mrs. Ells phoned the Lions, Kiwanis, Exchange Club, other social organizations, business and industrial firms. A number of them, however, had previously made other arrangements for the date set, and sent checks instead. Unexpectedly, a week before the caroling night, Betty and Dick Ells realized *(Continued on page 46)*

Making rounds of outlying farms on Tiny Tim Night are these carolers from the South Vineland School.

Betty and Dick Ells, whose efforts turned an idea into a unique tradition of Christmas fun-with-a-purpose.

This boy will speak clearly one day, thanks to therapy at Tiny Tim Clinic and generosity of Vineland.

Recipes of the Month

HOLIDAY PRUNE SPICE CAKE

½ cup butter or margarine	1 teasp. cinnamon
1½ cups dark brown sugar	1 teasp. nutmeg
3 large eggs	1 teasp. allspice
2 cups sifted all-purpose flour	1 teasp. vinegar
1 teasp. baking powder	1 cup milk
1 teasp. baking soda	*1 cup coarsely cut prune pieces
1 teasp. salt	1 cup chopped walnut meats

Cream butter or margarine and brown sugar; add eggs, one at a time, beating after each. Sift together flour, baking powder, baking soda, salt, cinnamon, nutmeg, and allspice. Add vinegar to milk. Add flour mixture and milk alternately to creamed mixture, mixing well after each addition. Add prunes and nut meats to batter; pour into 9-inch greased tube pan. Bake in moderate oven, 350° F., one hour, or until baked. Cool 5 minutes; remove from pan, cool on wire rack. When thoroughly cool, frost and decorate.

*Use dried prunes as they come from package and snip into pieces with scissors.

(Continued on page 46)

by MABEL FLANLEY
California Prune Advisory Board

Our Soiled Atmosphere

The air you're breathing may contain carbolic acid or toxic dust. In extreme cases, polluted air mows people down as effectively as poison gas. What is being done to combat this national problem?

by **RAY VICKER**

IN COLLINSVILLE, ILLINOIS, citizens awoke one damp morning to discover that paint on 300 houses had turned black overnight. Smog hung over the rows of blackened buildings, while eyes smarted from the blanket of humid air oppressing the city.

Cause of the unwanted "paint job" was traced to a boxboard plant 33 miles away. Waste fumes floating on the air reacted with paint on buildings, leaving them a charcoal shade.

If bad air can change the color of paint on a house, what might it do to your lungs? That's an important question, because the chances are very good that the air you are breathing this minute contains some pollution.

Air pollution—the problem of "dirt" and harmful gases in the air—is becoming a matter of national concern. Federal authorities are now pushing broad research aimed at alleviating or better controlling air pollution. Communities are tightening controls. Some cities forbid burning leaves and garbage in the backyard. The auto industry is seeking to redesign motor exhausts to eliminate some harmful gases now being jetted into the atmosphere from millions of cars on the road.

If paint were the only thing harmed by air pollution, it would be difficult to kick up much interest in this situation, except perhaps among those whose homes were affected. But bad air can be a lot more serious than that. In London, England, about 4000 people died in December 1952 when an oppressive smog settled over the Thames River. In Donora, Pennsylvania, 20 people died under similar circumstances during a sickening smog in 1948.

These extreme illustrations show why researchers are concerned about the day-to-day effects of ordinary air pollution. They aren't quite sure just what that pollution may be doing to you, but most are in agreement that it isn't beneficial.

"All we seem to know now is that, like eating dirt, air pollution is not good for us," says one authority.

Medical researchers know from clinical experiments that gases and debris which sometimes float in the atmosphere can produce cancers. Armour Research, the University of Cincinnati, and the University of Southern California have conducted research that indicates a possible link between automobile exhaust and cancer.

Dr. W. C. Hueper, head of the environmental cancer section of the National

Photos: Wide World

Los Angeles area communities are spending $4 million a year on smog control. Industry has invested $50 million.

Donora, Pa. Smog had killed 18 persons when this picture was taken (October 31, 1948), took two more lives later.

Cancer Institute, Bethesda, Maryland, says: "An increasing amount of evidence supports the view that many human cancers are directly or indirectly related to contacts with certain specific environmental, physical, and chemical agents to which the human population becomes exposed."

Among substances which researchers have found may create cancers in animals are arsenic, mustard gas, benzol, tar, asphalt, creosote oil, carbon black, paraffin oil, chromium, and numerous other chemicals and mixtures. Many of these are found in the atmosphere in urban centers when air samples are analyzed in laboratories.

Cases of eye irritations often are easily traced to pollutants in particular areas. Respiratory illnesses may be intensified by the same cause.

Coughs Fall Off in Labor Dispute

In a small midwestern town with one major industry, a physician reported that during a strike he noticed a definite drop in complaints of coughing, congestion, and throat and nose irritation. As soon as the struck plant reopened, those complaints started up again.

When researchers analyze air samples they find such things as fly ash, soot, tiny cinders, ground-up paper, microscopic slivers of wood, cloth fibers, metal powders, minerals, lime, cement, paint specks, acidic salts, chemicals, and even rat hairs. All these may be in the air you are breathing if you live in an urban center.

Even in rural areas, air pollution may be severe in certain cases. Pollutants sometimes are carried tremendous distances from their original sources. Microscopic particles of smoke from a Canadian forest fire have been picked up in England. Dust samples from a Texas tornado landed in Canada.

Air pollution is primarily a result of our industrialized mode of life and of our tendency to cluster together in cities, with an assist from nature. The wind in some localities may cause as much dust as does smoke. Pollen, seeds, and spores also are natural pollutants.

But urban living and industrialization are the big offenders, if you consider automobile driving as part of industrialization. Newspapers, magazines, candy and gum wrappers, clothing, and minerals from the street may be ground into particles so tiny you can't see them with the naked eye. Combustion sources such as chimneys and smoke stacks emit soot, cinders, coke, charcoal, and such gases as phenol, or carbolic acid.

Battelle Memorial Institute, Columbus, Ohio, reports that for every ton of rubbish burned, more than eight pounds of phenols escape into the atmosphere.

Extreme cases of pollution have resulted in wholesale deaths, with people being mowed down as effectively as if poison gas had been employed.

Take that Donora tragedy, for instance. Donora is a steel town tucked into folds of hills on a valley of the Monongahela River. Industrial smoke had been commonplace in the area for years, so citizens didn't pay too much attention to it that day in October 1948 when an oppressive haze settled over the town.

Warm air over the bowl-like valley prevented surface air from rising in a normal manner. The haze thickened. Industrial smoke, which should have risen upward in an ascending spiral, rolled along the ground, merging with moisture particles in the foggy air.

Wispy Figures in the Smog

One day went by. A second. A third. Then a fourth, and still the smoke collected. People struggled to and from work in a deep gloom, wispy figures in the smog. Eyes smarted. Chests tightened with each breath. Older people and some youngsters sickened and took to beds.

One man died. Then another. By the time a welcome wind finally blew the smog from the valley, 20 people were dead. Thousands were made ill.

Later investigations showed that industrial wastes, which would normally have been dispersed harmlessly into the air, were trapped close to the ground. Gases in those wastes reacted with moisture and other gases, forming acids which bit into lungs of people at each breath.

Far worse was the tragedy that hit London in December 1952. A layer of dead air settled over the city, bring-

Pittsburgh in winter of 1946. Laws regulated industrial smoke, but home owners continued to burn soft, smokey coal.

Pittsburgh, 1947. Same view shows how tighter anti-smoke law banning all use of soft coal cleared up city's smog.

ing misty fog with it. Fog is so common in London that natives joke about it, some of them almost in an affectionate vein.

But this fog was different.

Damp ground air seeped into homes and apartments. People naturally fired their heaters higher to keep out the chill. Smoke from thousands of chimneys curled upward slowly in the dead atmosphere, then spread along the ground to merge with the heavy particles of moisture in the air.

For a week the smog hung over the city, getting worse each day. Soon doctors were flooded with calls to treat respiratory illnesses. Hospitals filled. Steadily the death toll mounted.

By the time the smog dissipated, an estimated 4000 people were dead.

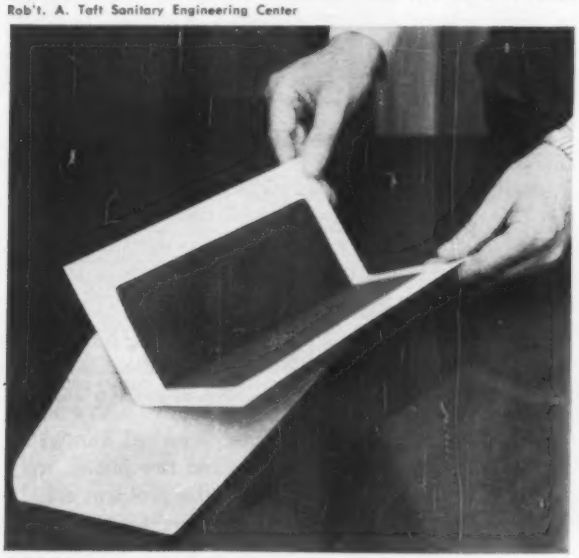
Investigations indicated that coal smoke from the many chimneys had reacted in the atmosphere. New chemicals had formed, and many were harmful. Deaths from bronchitis jumped to nine times the usual rate during the smog, while pneumonia deaths increased by four times.

When a serious situation such as that in London or Donora occurs, it usually is because of an unusual atmospheric condition which couples with air pollution to cause trouble. A blanket of air called an "inversion" layer settles over the city.

In any case the results are the same. Fog sets in. Ground smoke can't escape but stays close to the ground. In effect, a city may become a huge chemical vat with people helpless at the bottom, for various chemicals are floating in the atmosphere overhead.

You may not think there is any sunlight on a foggy day of this type. Actually enough penetrates into that smog to act as a catalytic for the various floating gases. Harmful acids and chemicals produced may be responsible for eye irritation, plant damage, reduced visibility, and bad odors. Time spent *(Continued on page 65)*

National Air Sampling Network measures trends by collecting glass fiber filter sheets from 100 locations in U.S.
Rob't. A. Taft Sanitary Engineering Center



In U.S. Public Health Service test, filter is exposed 24 hours while vacuum cleaner motor draws air through it.

Tell the Doctor What's Bothering You

An Ohio family doctor says that to help you a doctor must really *know* you. That's why the patient should choose a doctor in whom he feels he can confide—everything.

by THOMAS E. RARDIN, M.D.
as told to JOSEPH N. BELL

AT DUSK on Christmas Eve, a tired sedan will pull up at our side door and a wisp of an Italian lady will pick her way across the snow carrying a large package. When my wife and I go to the door, she'll give us the package, refuse our insistent invitation that she and her husband come inside, and smile a grateful "Merry Christmas" as she retreats to her car.

That's been happening for more than 15 years, and I don't think an atomic bomb falling on Columbus, Ohio, could prevent this fine lady from delivering her Christmas cookies and her husband's red wine to us.

Although we never talk about it any more, all of us recall the Christmas morning when we first met. My children—Tom Jr., and Jenny—were still small, and they had been pacing the upstairs hall since four a.m. waiting to go down and open their gifts. At five o'clock, my wife, Estalene, and I decided to give up trying to sleep; we were just pulling on our bathrobes when the telephone rang.

The obvious distress of the man on the other end made it even more difficult to understand his uncertain English. His wife, it appeared, was desperately ill. Could I come immediately? A doctor—and especially a general practitioner—is accustomed to such calls. But I can still remember the faces of my children as I hurried down the steps and out the front door.

It was almost 10 miles over slippery roads to the home of the family—a rather shabby frame dwelling which was impeccably neat inside. I was shocked to discover that the patient was about to deliver her first baby—something the distressed husband had neglected to tell me. She couldn't be moved, so I called home and asked my wife to bring me the instruments I needed. And for the second time that Christmas morning, my children watched a parent disappear—after making hasty arrangements for a neighbor to look in on them.

It was four o'clock Christmas afternoon when Estalene and I finally returned home—after a difficult delivery. But the baby and the mother were doing fine and our Christmas gifts were still under the tree, awaiting us. There have been many babies and many Christmases since, but that lady and her husband always appear at our home on Christmas Eve with their tokens of gratitude.

A Family Doctor's Reward

A doctor doesn't expect that, or feel that he deserves it, but the opportunity to really know such people is one of the great rewards of being a family doctor. I wouldn't trade it for all the other rewards of practicing medicine put together. Most people are kind, considerate, and appreciative—which makes the few who aren't stand out like a chorine in a football huddle.

It's funny but many people—even some of the considerate ones—have a blind spot when it comes to doctors. They seldom stop to think that a doctor is a human being who likes to eat a complete meal in one sitting, sleep a night through, or actually be on hand at a dinner party he has promised to attend.

For example, a few weeks ago, the telephone aroused me at three a.m. The voice on the other end belonged to a stranger who told me he was in terrible pain. I asked him to describe it, and he was vague about details while stressing the intensity. I suggested that perhaps he might come into my office in the morning. This distressed him even more, and he boomed into the telephone: "I want to see you tonight. I've had this pain for 10 years now, and by God I can't stand it another minute."

Another recent middle-of-the-night call came from a regular patient of mine, a business executive who would be incensed if one of his associates disturbed him with an inane question. My wife answered the phone and told him I was asleep and asked if the problem could wait until morning. He insisted on talking with me, and

"I start my day with office hours for kids on their way to school and businessmen. Then I make hospital and house calls."

Photos: Will Sheppard

A graduate of Ohio State College of Medicine, Doctor Rardin often addresses pre-med students in seminars on campus.

"A person should choose a doctor in whom he feels he can confide; it's one of the most important elements in the doctor-patient relationship."

"I invite patients to discuss frankly my service or fees."

"For years, our kitchen has done double-duty as examination room and site of minor surgery in emergency cases."

"On my days off I spend a lot of time working with several fraternal, professional, and church organizations."

Physician Rardin starts work at 8 a.m. in his office. He usually is greeted at the door by a neighboring barber.

when I got sleepily to the phone, he said: "Doctor, I just got home from a party where one of the other guests is having trouble similar to mine, and he's been taking some terrific new medicine. I just wanted to see what you think of it."

No matter how many minor irritations like this come along, I never refuse to answer a phone call from a patient. A family physician *must* be accessible. When I'm busy, I let all but the emergency calls pile up and return them at the first free moment. When I am with a patient I feel that I owe him my undivided attention.

I've gotten so used to eating lunch with the phone cradled on my shoulder that I take a roundabout route to my mouth with food even when I'm not phoning. I suppose I get fewer night calls than most general practitioners—mainly because I urge my patients to anticipate night calls by letting me know during the day if they are having difficulties.

Why They Phone at Night

People call at night because they become more fearful then. Things they can take in stride in daylight become dreadful after dark, and they reach out blindly for help. Anxieties run wild at night—and as long as this is true, doctors will get a lot of unnecessary night calls. Most of these calls come from people who have no family doctor and don't know where to turn when an emergency arises. How much better off in such a situation are the people who can call a family doctor who is also a friend, intimately acquainted with the family and its problems.

I can understand calls at night a lot better than some of the other things that people sometimes unthinkingly do to doctors. For example, after almost 25 years at the same stand, it seems that most of my patients would begin to confide in my wife, secretary, and my receptionist. But they don't. When one of these ladies tries to get information for me from patients, the callers invariably plead a headache or some minor disorder—which is only rarely the problem they wish to talk about.

Obviously there are many times when I can't come to the telephone; that seldom fazes a patient who is dead set on talking with me. The other day, my wife answered the phone just as I was driving up to the back door of our home, exhausted after 12 straight hours on the job. The caller wanted me, and when Estalene asked what was wrong, he said—in a decidedly healthy growl—that it was none of her business and he wanted to talk with me. She told him I was expected shortly and would call him. "I suppose," he answered, "you're lying." And he hung up. Sometimes it's hard to be pleasant when you return a call like that.

Most Patients under Stress

Yet, every doctor realizes that people are usually under severe emotional stress when they seek medical help. This makes them do and say things that they wouldn't otherwise—and it also makes it essential that the doctor treat them with understanding and kindness. Sick people

A cold stethoscope brings a sudden gasp and a leery eye from a young patient while interested baby sister observes.

are alone and frightened and need kindness and encouragement. Maybe I'm especially conscious of this because I spent a good many months as a patient, myself. I had a leg amputated four years ago. I've been back at work, making my rounds on my one good leg and a pair of crutches I've learned to operate skillfully. This experience has made my relationships with patients—from bill collecting to middle-of-the-night phone consultations—more understanding and more harmonious.

Take charges for my service, for example. I now tell my patients: "I have no set fee for any office, home, hospital, or telephone consultation. I consider the time of day or night I'm called, the time required to perform the service, the cost of materials used, the manner administered, and other professional aspects of each service." For some, I make no charge at all. I invite my patients to discuss frankly with me any questions regarding my service or fees.

I also practically never have any difficulty collecting. One reason for this, perhaps—in addition to my conviction of the integrity of most people—is the fact that I religiously mail out my bills on the last day of the month, no matter how late I have to work to get them out. One of my long-time patients told me once:

"There are three things we can be certain of: death, taxes, and Tom Rardin's statement on the first of the month."

I think it's just good business. Apparently my patients feel the same way, because most of them pay promptly —and come back to see me again when they need help.

I can't remember ever having a complaint from a patient about an overcharge. I can remember several where the reverse was true, though. There was the local real estate executive who came to my house late one night with the worst case of jitters I've ever seen. He sat in my living room and wept while he told me he thought he had cancer of the larynx, and this would mean the end of his career—which to him was worse than death.

I calmed him down and told him we would make sure. Several days later, the specialists I had called in for an opinion told the man he didn't have cancer at all. I billed him $10 for the consultation, and he sent me $100 —grateful he could be spared a serious and disabling disease.

Personal Relationship Important

I've been a general practitioner for more than 25 years in the Columbus, Ohio, suburb of Upper Arlington. I see from 30 to 50 people every day, and I probably know more secrets about the private lives and emotional problems of the people in my community than even the ministers and priests. It's pretty hard for a doctor to help his patients intelligently without understanding these things, because they play such a big part in the problems requiring medical attention. That's why the patient should choose a doctor in whom he feels he can confide; it's one of the *(Continued on page 68)*

How to Set Up a Baby Sitter Co-op

by RICHARD DUNLOP

"It's educational to sit with children when yours are younger—you learn how your kids are likely to act in a couple of years."

Photos by Alan A. Anderson

While daughter helps turn pages, the secretary of the month telephones members for sitting assignments. For her trouble, she is given two free nights out as a reward.

THREE YEARS AGO a young mother and father were spending a quiet evening in their home in Chicago's Town and Garden Apartments. Their new baby was asleep in his crib in the bedroom. Snuggled in her bed, their small daughter was fast asleep too. She had the pretty flush of a healthy sleeping child, but in the chair by her bedside was the orthopedic brace without which she had never taken a step. Since babyhood she had been in and out of the hospital where doctors strove to correct her congenital hip abnormality. Sometimes in the middle of the night she woke up and cried for fear that once more she would be taken from her home and made to stay in the hospital.

When mom is scheduled to sit, and for some reason or another can't, she has to supply a replacement. Usually dad is selected for the job. As a rule men sitters maintain better discipline.

Mothers meet periodically to discuss regulations. Mrs. Mary Greenberg, far right, was one of the founders of the Co-op.

"I wish," said the father, "that we could risk getting a sitter and go out."

The mother, her ears straining for any sound from the bedroom, nodded her head.

"But I just couldn't leave a bobby-sox baby sitter in charge. And a nice old grandmother would be just about as bad," she said. "What would happen in case something had to be done?"

"I wish that we could get parents like ourselves to sit with the kids. That's the only way we could ever go out and feel safe," said the father. "Why can't we start a baby sitter cooperative?"

That evening the father and mother talked over the idea until late at night. The Town and Garden Apartments is a huge building on Chicago's near north side. Three years ago at least a third of the 628 units contained small children. Yet there were then only six regular baby sitters in the apartments, and these charged from 50 cents

At the end of the evening it's the father's responsibility to make sure the baby sitter arrives home safe and sound.

to $1 an hour. This was a stiff fee for tight budgets. Moreover, sitters had to be engaged three weeks in advance if a couple wanted to be sure of having one.

At first the other mothers were chilly to the idea of a baby sitters co-op.

"My husband wouldn't want me going out and leaving him with the kids," one said.

"I don't want to take the responsibility for somebody's children," said another.

But 15 mothers were willing to test the idea.

"I've had two kids in the last two years," explained one, "and I've only been out twice in all that time. I've got cabin fever, and I'll try anything."

The mothers of the new T & G Baby Sitters Co-op realized that they would have to draw up a firm set of rules. A "you mind my kids and I'll mind yours" sort of thing would inevitably lead to misunderstanding.

Any mother in the apartments could join. Upon joining, she received 50 points, a tidy little balance in the baby sitting bank. From then on every time she sat with another mother's children, points were added to her account. When she in turn had a co-op mother sit with her own offspring, points were subtracted from her account and added to the other woman's.

"It won't work," said one husband sourly. "You can't tell me women can handle complicated bookkeeping like that without getting all balled up."

Volunteer Secretary Keeps Records

It was the duty of the volunteer secretary to take care of the books. She kept a tally sheet of points added or subtracted from each member's account. A mother who needed a sitter gave the secretary a ring, and the secretary got on the phone and talked to the woman who had the fewest points. If at all possible, this woman was supposed to sit. In case she could not do it, the secretary called the mother with the next lowest point score. Sometimes a couple planning to go out could not give the secretary the required 24 hours notice. Then the mother had to phone for a co-op sitter herself.

The secretary held office for a month before she was relieved by another mother. During this time each member awarded her two points as compensation for her work. Secretaries found they earned these extra points. If there was a busy social week coming up, her phone jangled incessantly. She spent up to four dollars a month on phone bills contacting members to take on sitting chores. Some secretaries, however, kept their phone bills down by notifying prospective sitters when they met them while shopping or while supervising their children on the building playground.

By the end of the month most secretaries were happy to turn the books over to their successor. They felt they had more than earned the two nights out free of baby sitter expenses to which their extra points entitled them.

20 to 30 Members Needed

The baby sitters co-op grew. Some mothers dropped out, but others quickly took their places. There are now 30 members. Experience has taught the mothers that there should be at least 20 so that baby sitting dates and the secretary's job do not come up too often. On the other hand, a co-op with more than 30 members tends to be unwieldly and friendly intimacy is lost.

Fathers, who many women expected to be stumbling blocks to the co-op's success, proved happy to take care of their own children so mothers could sit. If a woman could not keep a sitting date, she was supposed to supply a substitute. Often the substitute turned out to be her husband although permission had to be received from the member using the service if father was to take over. As a rule fathers were baby sitters *par excellence*. When they showed up with their favorite magazine tucked under their arm, even the wildest little boys became meek as lambs.

Mothers and fathers welcome an evening in somebody else's apartment where they can read somebody else's books and magazines and listen to somebody else's records. Members have discovered that whether a home has television or not makes little *(Continued on page 53)*

Best Show on Earth

They're packing them in at a new type museum in suburban Chicago. And what fascinates them? An inside view of the marvelous workings of the human body.

by **HOWARD EARLE**

AFTER A RECENT visit to the Hinsdale Health Museum, a young lass in the fifth grade wrote:

"I found out more about me than I ever learned in all my school years. I had fun, too."

Another youngster wrote, "I thought the growth of the baby was very interesting. It is almost unbelievable that a human is formed from one tiny cell."

Those few words, neatly penned, set forth what the Hinsdale Health Museum is doing in the field of education for youths and grownups. The museum, in a $1½ million medical center in Hinsdale, Illinois, about 20 miles southwest of Chicago, opened its doors last May.

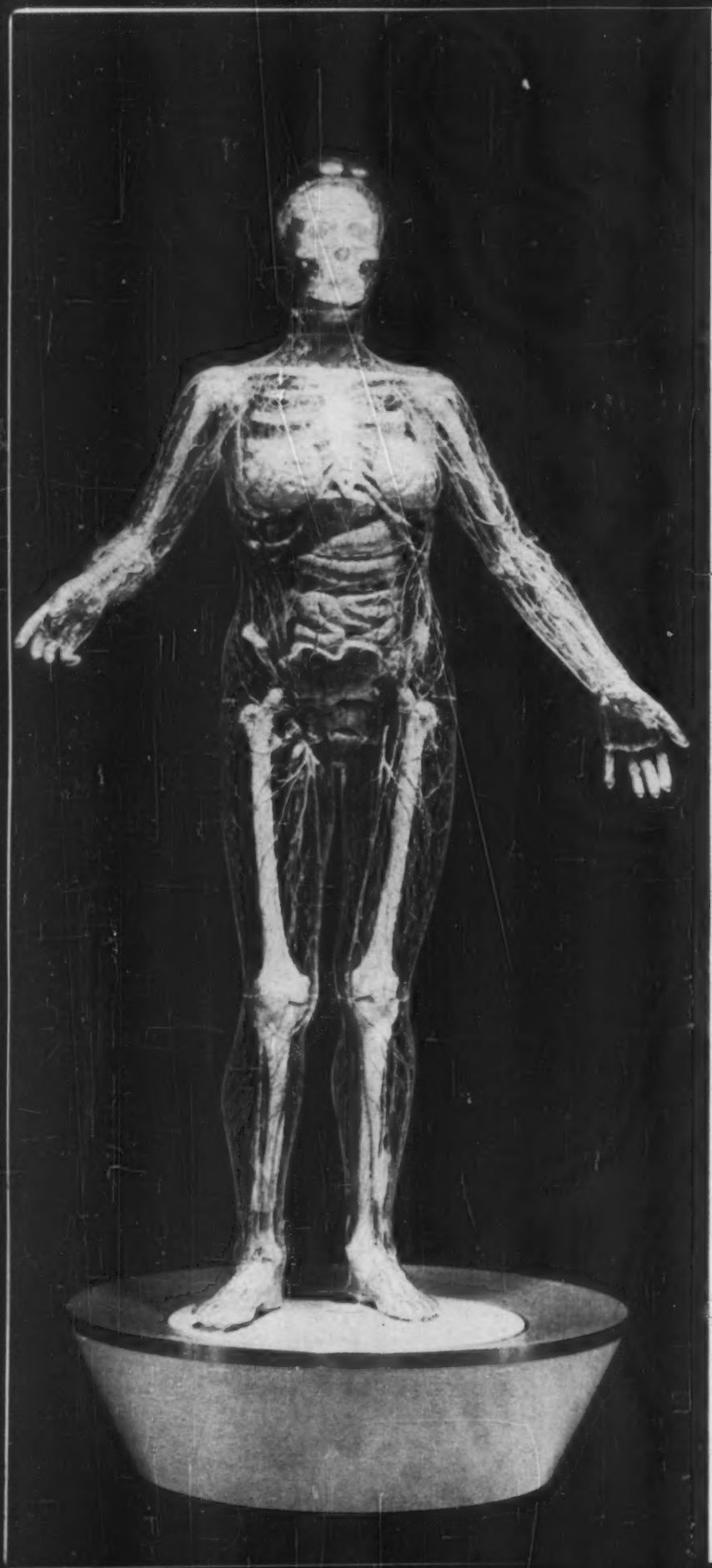
"The purpose of the museum," says Mrs. Elizabeth Lundy, director, "is promotion of better living for the individual and the family through better understanding of the normal body and how it functions."

It is the fourth such museum in this country. Others are located in Cleveland, Dallas, and Philadelphia.

The museum is the first of its kind to be located in a medical center. There are offices in the center for 50 medical specialists. Renters are pledged to lend their knowledge to the operation *(Continued on page 44)*

Peering inside a yawning mouth, youngster is fascinated by what he sees—a giant enlargement of his voice box.
Photos: Don Stebbing

A life-size skeleton that revolves shows girls how the bones form the framework of body's structural system.
Stephen Heiser



TRANSPARENT LADY SPEAKS

Visitors to the museum are fascinated by the recorded message "spoken" by the Transparent Lady. Example:

Imagine—if your skin should suddenly become transparent, and most of your nerves and blood vessels and all of your muscles should vanish, you would look much like me.

THE BRAIN is the highly complex organ that sets me apart from all other living creatures and makes me human. Here I think, create ideas, reason, and remember. Here dwells my conscience and my will. My brain is also the great central exchange of my nervous system, which receives all messages from the outside world and directs my body how to respond. My brain is the real me—the source of my personality.

MY LARYNX is my "voice box." It contains the "vocal cords"—two membranes stretched part way across my upper windpipe which vibrate to produce speech and all other oral sounds. I control pitch by varying the tension on my vocal cords, and volume by regulating the amount of air passing through my larynx. For instance, when I want to scream I draw a deep breath, and when I want to whisper, I hold my breath . . .

MY THYROID GLAND is small but quite important because it manufactures hormones that regulate the pace at which I live. Too many of its hormones, and I would become thin and excitable; too few, and I would slow down and become dull-witted and obese . . . just the right number and I remain calm and collected.

THE LUNGS are the lightest of all my large organs. Their space is chiefly occupied by hollow tubes ending in millions of tiny sacs always filled with air. It is in these microscopic air sacs that my red blood corpuscles receive oxygen from the air I have inhaled, and release waste carbon dioxide for me to exhale.

MY HEART literally keeps me alive. This muscular pump—electrically operated—propels blood loaded with food and oxygen throughout my body about 70 times every minute—over 100,000 times every day.

MY LIVER, the largest gland in my body, secretes bile which during digestion helps to handle the fats I eat. It converts sugar into glycogen, the form most easily used by my body to produce energy, and it stores extra sugar for emergency exertions. It neutralizes poisons that may have chanced into my bloodstream, and it extracts waste products.

MY SPLEEN destroys old, worn out, or diseased red blood corpuscles and manufactures certain of the white blood corpuscles which I need to fight infections. It also serves as a blood reservoir. However, like my gall bladder, my spleen is expendable and may be removed if necessary.

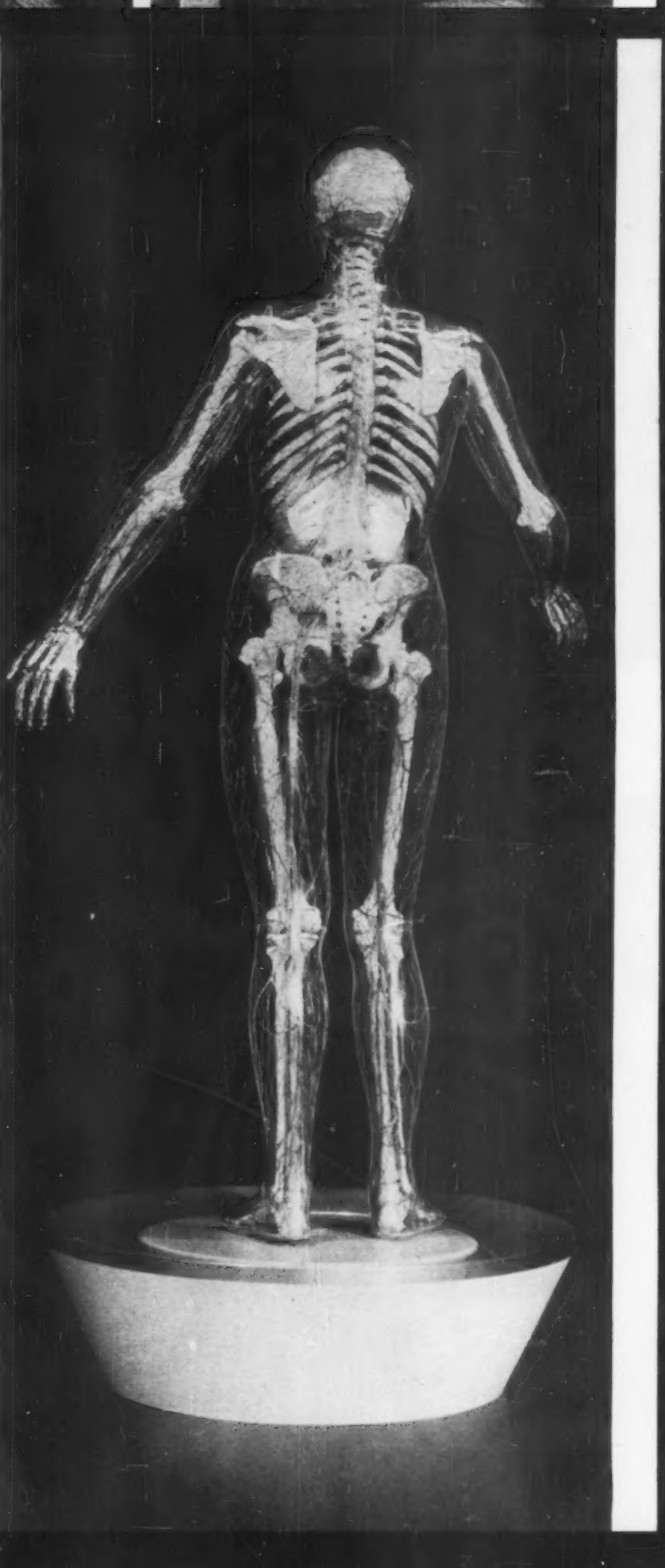
THE PANCREAS is a gland which produces at least three of the digestive juices and sends them into my small intestine to do their work. Deep in my pancreas are other tiny glands —glands within glands. They secrete that well-known insulin which is so necessary for helping my body burn sugar. If my insulin supply should fail, I would develop diabetes.

MY STOMACH is like a tireless churn. It receives all the food I eat and thoroughly mixes it with gastric juices—mainly pepsin and hydrochloric acid.

THE KIDNEYS are one of the most efficient filtration plants ever invented. They remove waste products and excess water from my blood to form urine.

MY BLADDER is a thin muscular-walled sac for storing urine until it passes from my body.

I AM SUPPORTED by a framework of bones—some 200 in number. Ordinarily, my skeleton would be clothed in muscles, which have been omitted so that you might see my inner organs. The muscles, were they here, would move my bones.



Looking at a section of the Life Begins exhibit, the youngsters learn how a baby grows from a tiny cell.

While they watch magnified cells they hear, ". . . nothing in all creation equals you. You begin life a single cell."

Rus Arnold

This little boy is listening intently to an explanation of how his heart beats.

of the museum and use the exhibits to explain more fully to patients their individual ailments. They also will participate in an extensive program for health education now in the planning stage.

Visitors to the museum come from the 49 states and practically every country in the world. The medical profession is heavily represented by pre-med and medical students, and student and graduate nurses, all visiting the exhibits to further their medical knowledge.

Elementary, high school, and college students attend in classes with their teachers and instructors. The museum has become a popular field work center for science and biology classes. Church groups and Boy and Girl Scout troops visit the museum. Mothers and fathers bring their children to explain to them the facts of life.

"This is one of the finest ways I know of to get away from the stork idea and down to basics," explained one mother.

Plastic Lady Steals Show

The highlight of the museum is the life-size plastic lady, also called the Transparent Talking Lady. She is one of the most intricate and expensive of all the exhibits. There are half a dozen such ladies in this country, but the Hinsdale "Miss" contains many improvements over earlier models.

She was made at the German Good Health Museum in Cologne at a cost of $12,000. Additional wiring for special lighting effects and speech brought the total cost to $20,000. All her bodily organs are plainly visible, and each lights up in turn, showing its location, size, and shape as the lady, herself, explains its functions.

She was flown from Germany to Chicago and carted to the museum on a bitter cold day. Electronic engineers, who gave the lady her voice, were fearful that moving the "gal" from a heated building into the cold might crack the plastic and render her useless. She was wrapped in warm blankets and placed in a heated ambulance. Attendants rode in the ambulance with her to guard the precious cargo. Once inside the museum, the blankets were slowly removed to acclimate the model to room temperature.

In introducing the plastic lady, instructors explain

that she exposes six and a half miles of blood vessels and nervous system. It also is explained that if all the blood vessels of an adult human were strung together in one continuous line that line would reach around the world four times.

There are serious aspects, too. A visiting policeman came out of the little theater where the plastic lady exhibit is shown. "I wish," he said, "that all our hoodlums and young delinquents could see her and hear her explain about herself. I'm sure it would teach them respect for their own bodies and the life and health of others."

Occasionally there are dissenters. One woman commented "I would never let my 12-year-old boy see that lady exhibit."

Dr. Bruno Gebhard, known as the father of health museums in this country, and who served as a consultant when the Hinsdale Museum was built, heard the remark. He replied, "It is better to be a year too early than a day too late."

One of the outstanding uses of the museum comes in the field of obstetrics. Patients are advised by obstetricians to visit the museum's "Life Begins" exhibit where they may view the size of unborn children at various stages of development.

Miracle of Cell Explained

For children and grownups, alike, there is little to match the thrill of standing before the magnificent cell exhibit with an earphone to the ear and listening to the explanation of the cell.

"You are about to explore the supreme miracle . . . your body. Nothing in all creation equals you. What you see are cells, the wonderful units from which you are built. These cells are enormously magnified, so that you may observe their structure. Every cell is composed of the same transparent substance. This is protoplasm, derived from the food you eat. Every cell contains a nucleus, but each a different nucleus. That is because one is a nerve cell, another a skin cell, another a lung cell.

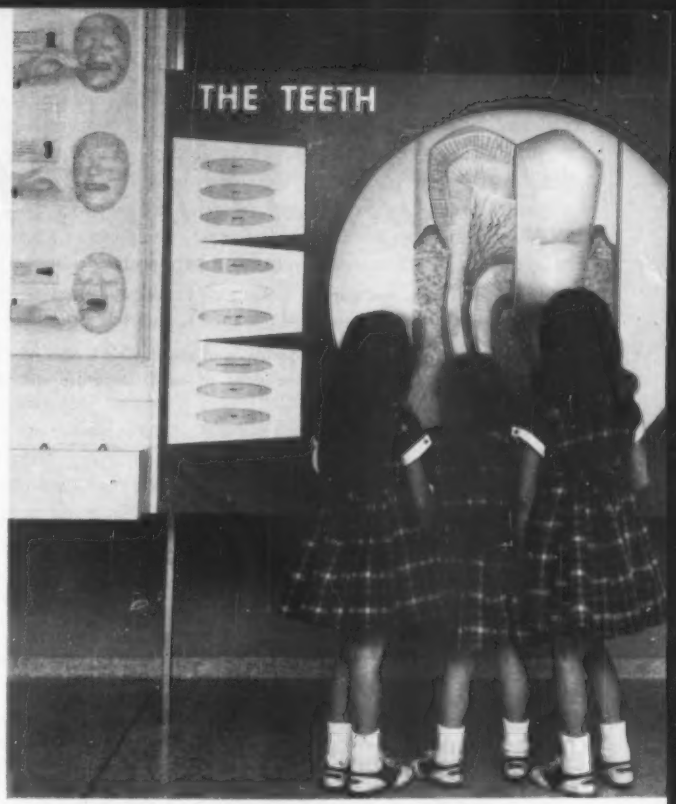
"You began life a single cell. That cell divided, and then the two became four, the four became eight, until by now you consist of 30 billion cells and represent one of nature's greatest marvels, growth by division."

The visitor remains enthralled as he learns through the earphone the ability of cells to specialize. "Some become fingernails, others muscles, making it possible for you to move about. Still others develop into brain cells and then you have the power to think.

"When a number of cells of the same kind unite, they form tissue, much as bricks form a wall. And when a group of tissues is massed together to perform a function, it is called an organ, such as the eye, the stomach, and the heart.

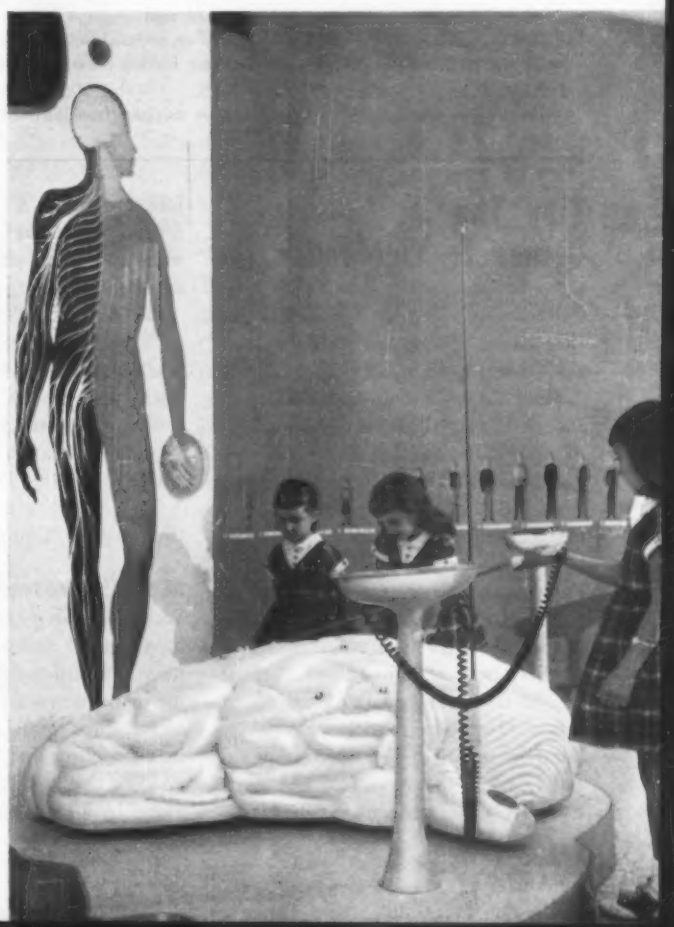
"When a group of organs performs a series of functions, we call it a system, for example, the circulatory system." Then the voice in the earphone tells the listener to move on to other exhibits, to explore the organs and systems more fully, always keeping in mind that they all are composed of these units of life called cells.

The visitor moves on to the *(Continued on page 67)*



Children discover the importance of brushing their teeth by checking the structure of a molar almost their size.

Touching nerve centers with a wand they hear, "... the brain sets man apart from all other living creatures."



(Continued from page 30)

Recipes of the Month

LEMON FROSTING

¼ cup butter or margarine
2 cups confectioners' sugar
1 teasp. grated lemon rind
¼ cup lemon juice

Cream together butter (or margarine) and sugar. Add lemon rind and juice, creaming until fluffy. Spread on top and sides of cake. Decorate with pitted prune slivers and walnut halves.

SPICED PRUNE DROPS

½ cup butter
1 cup dark brown sugar, firmly packed
1 egg
1¾ cups sifted all-purpose flour
½ teasp. baking soda
½ teasp. salt
½ teasp. nutmeg
½ teasp. ground cinnamon
⅛ teasp. ground cloves
***1 cup chopped pitted dried prunes**
½ cup chopped walnut meats
¼ cup milk

Cream together butter and sugar. Add egg; mix well. Sift together flour, baking soda, salt, nutmeg, cinnamon, and cloves; add to creamed mixture with prunes and walnuts. Mix. Add milk and mix until well blended. The mixture is stiff. Chill 1 hour. Drop by well-rounded teaspoonsful on greased baking sheet. Bake in hot oven, 400° F., 8-10 minutes. Remove cookies from baking sheet; cool on wire racks. Makes 50 cookies.

*The prunes are uncooked. Prune meat is stripped from pits with scissors.

Tiny Tim Comes to Vineland

(Continued from page 29)

that enough donations had been received to top their $500 goal.

"But there's never enough money for children," Betty insisted. "Let's all go out anyway."

That first Tiny Tim Night, more than 150 people serenaded the town, treating Vineland to old-time joyful hymns. A total of $1357 was collected. Patty Ann Myers was admitted to Johns Hopkins in Baltimore, where her operation was successful. Today she is a normal high school student. At the time, Betty Ells heard of another "blue baby," two-year-old William Schulman in near-by Newfield, and he too was sent to Johns Hopkins for surgery. There was still money left to care for a child with badly infected teeth and to send a fourth child, who had rheumatic fever, to a summer camp.

But this wasn't to end the tribute to Tiny Tim. The people of Vineland had savored this Christmastime fun-with-a-purpose and they wanted more of it. In the fall of the following year, friends and church officials started to phone Betty Ells.

"Are you going to have it again?" they urged. "Count us in."

More Carolers Join

So each year more and more people have joined the caroling parade. By now, 68 seriously afflicted children have been reclaimed through the Fund. Two years ago, it even set up its own clinic for physiotherapy and speech therapy in a building provided by a local business firm. Volunteers built a physiotherapy table, furnished adjustable parallel bars and other equipment.

Pitching in like that reflects the impact of the Tiny Tim movement on the Vineland community. For Tiny Tim Night, local canneries contribute the collection cans, a printer provides the labels without cost, a bank assigns tellers to handle the money. When the carolers gather at the end of their tour, they receive doughnuts donated by local bakeries, hot chocolate from a local syrup concern. Merchants, department stores, supermarkets, even bars invite the carolers. Of more far-reaching significance is the welding together of Vineland's people, regardless of race, color, creed, or nationality.

In the small army of carolers are Catholics and Protestants, Negroes, Italians, Puerto Ricans, people of all origins. There are gay groups from P.T.A.'s and Girl Scout troops as well as from fire company auxiliaries, the Civil Air Patrol, the Latin American Social Club, the Spanish Pentecostal Church, and scores of other groups. Even the Jews of Vineland, though they can't join in the caroling, collect for Tiny Tim in their congregations.

Comes Tiny Tim Night and the entire 63 square miles that comprises Vineland (population 37,000) is broken up into small segments, each to be covered by a choral troupe. The whole city is mobilized for the event. Singers rehearse, fill their lanterns, and polish the globes. Porch lights are turned on to greet the carolers. In the business section, hurrying shoppers pause to listen to the mingled voices. If, as sometimes happens, a home is missed by the carolers, there'll be an indignant phone call to Mrs. Ells. In Vineland, compassion and Christmas go hand in hand.

From an inspired notion, the Tiny Tim Fund has burgeoned into an efficiently run non-profit enterprise administered by a nine-member board of directors. Children in need of a financial boost for medical care are brought to the attention of the administrators by doctors, hospitals, the Red Cross, local P.T.A.'s, neighbors of the hard-pressed, frantic family. Cases are carefully reviewed, the family doctor consulted.

Among those accepted, the ill-

nesses and physical problems have ranged widely. Serious heart conditions have been corrected through surgery. An 11-month-old baby had blood clots removed from both sides of his brain and is now an active, healthy youngster. A 12-year-old boy born with a cleft palate and harelip was provided with plastic surgery. Another boy fell off a high fence, injured his spine, became paralyzed from his chest down; to rehabilitate him, the Tiny Tim Fund spent close to $5000 over a four-year period.

To Betty and Dick Ells' home come the parents and often the afflicted children – the blue babies, the girl with leukemia, the boy with a tumor on his brain, the mother desperate and despairing.

"We fight each new case as if it were our own child," says Betty Ells. "But there's so much to do, I've often thought it would be nice to be a millionaire and see more results. It would make life more worth while—make you feel you're doing something in this world."

Some "Tiny Tims"

From a glance at the children helped by the Tiny Tim Fund in the past 12 years, Betty Ells and her colleagues are obviously "doing something." There was, for example, Charlie, a handsome, tow-headed lad of nine. One day, Charlie was trying to unravel a knot with an ice-pick when the pick slipped and struck his eye. He was rushed to a hospital. A week later, by the time the Tiny Tim Fund received the case, infection had set in and scar tissue had formed over the cut. Two operations were imperative but Charlie's father, a mechanic, had no financial reserves. The Fund sent Charlie to the Wills Eye Hospital in Philadelphia where the operations were performed and the boy's sight was saved.

The next day, Charlie's mother phoned Betty Ells. "God bless you," was all she could say. That was several years ago. Now, each Christmas on Tiny Tim Night, Charlie rounds up two or three bands of boys in his neighborhood and goes out to sing for Tiny Tim.

There was little Walter, the son of a refugee couple, who had lost his hand during an air-raid. In a German concentration camp, the rest of his arm had become gangrenous and crude surgery had been performed. Shortly after he and his family moved to Vineland, gangrene again set in. A doctor on the board of the Tiny Tim Fund and an orthopedic surgeon operated. Later, the boy was fitted with an artificial arm. Walter, a bright youngster of 10—he was the only one in the family who spoke English—seemed to run the household. Betty Ells knew he would grow up to be a useful citizen.

"I had a great inner satisfaction," she says, "knowing that we had salvaged this human being."

Crippled Girl Walks

The "Tiny Tim" who gave Mrs. Ells the biggest kick was Sarah, a fragile, blue-eyed girl who had a birth injury which caused a vertebra to press on her nerves. The Tiny Tim Fund brought in specialist who decided that, instead of a dangerous operation, Sarah should be put on a restricted fluid diet and given physiotherapy. After two years at the Tiny Tim Clinic and at the Rehabilitation Center in Philadelphia, Sarah is now able to walk. What deeply touches Mrs. Ells is her recollection of the day she had to carry Sarah up the stairs to a doctor's office—the girl's body had been like putty and she had caved in when she tried to stand. This fall, Sarah is able to go to school.

"I saw her go from nothing to something," Betty Ells recalls. "Now she looks upon me as a second mother."

Not all of Vineland's Tiny Tim stories end happily. Last year, 10-year-old Carol, the cancer-ridden daughter of a local farmer, lost her leg. She returned to school, played with her friends as though nothing had happened. Then the carcinoma spread to her lungs and Mrs. Ells could see her condition go steadily downhill. When Carol died last March, Betty Ells was heartbroken.

"I felt so utterly helpless," she says.

The other day, Mrs. Ells received a five-dollar bill in the mail from Carol's father. It was on Carol's birthday and this was the way he chose to remember her.

Perhaps the closest resemblance to Dickens' pathetic character was Tony, a pale, skinny eight-year-old. A high cervical spastic, he couldn't talk, walk, or feed himself. He appeared to be a "hopeless idiot" except, as Betty Ells saw him, Tony had "intelligent eyes and a beautiful smile." His father was dead. His mother was trying to run a small chicken farm, living in a shack in the woods 10 miles outside of Vineland; his grandmother worked in a clothing factory to help support the family.

Tony's condition was first noticed by the local postmistress, who wrote to her congressman. In turn, he informed Betty Ells and the Tiny Tim Fund stepped in. Tony was taken to a noted neurosurgeon in Philadelphia, who found no brain injury but damage to the back of his neck. Surgery removed the cervical pressure.

Tony Recovers

Three days after the operation, Betty and Dick Ells visited him at the Chestnut Hill Hospital in Philadelphia. They had been accustomed to seeing Tony all tied up spastically, his hands and arms stiff and tense. As they walked into his room, they found him lying on his back, his arms completely relaxed.

"My, you look good, Tony," said Betty.

Tony laughed out loud.

The joyful sound struck the couple as something indescribably strange, almost fantastic.

"For heaven's sake, you're laughing," said Dick. "You know, we've never heard you laugh before."

Tony burst into laughter again. He still couldn't utter a word. Over-

"He says it's a bear on a pogo stick!"

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whelmed, Betty Ells choked up and turned away.

Eight months after the operation, Tony took his first three steps. Shortly after, he began to speak. Now he gets around without braces, can almost run. Tony's case has been carried by the Fund for almost five years.

What does it all mean to the people of Vineland?

"I've often thought," said Mrs. Ells the other day, "that we've all been blessed with Tiny Tim. The accomplishment of redeeming young lives is a deep-felt joy to us."

"Betty and I owe it more than it owes us," Dick Ells added. "We were lucky that it began when we were young enough to take an active part in the project. We're also lucky because it has given our two daughters an insight into what happens to those less fortunate."

Betty Ells thoughtfully fingered some photographs of Tony and Patty Ann, Sarah and Carol.

"You know," she said, "day by day Dick and I can observe the good that's being done for these children. Other people in Vineland just give. Sometimes I find myself apologizing to them because they can't see what we see. I wish everyone could share our rewards—the thrill, for instance, of hearing Tony laugh for the first time."

But somehow folks in Vineland, proud of their yuletide tradition, know all about Tony and the other children reborn to richer, happier lives. On one brief evening each year they will continue to give in the quintessence of Christmas, united in a common cause, sharing the warmth of caring. Betty Ells' inspiration has made the spirit of Tiny Tim come to life. Charles Dickens would feel right at home in Vineland today. END

Ghosts of Christmas Past

(Continued from page 19)

classic shows that many of us feel life is passing by more quickly and less satisfactorily than we had intended.

My neighbor across the aisle smiled, buckled his seat belt, and showed me the book. It was a handsomely illustrated edition.

"I'm bringing it to my nephew for Christmas," he explained.

I asked to borrow his newspaper. As he handed it to me he pointed to a picture of a kind-looking, thin-faced man. It was on the obituary page.

"Poor old Joe," he said. "I've known him for years. What a terrible thing to happen just at Christmas. We were in school together. We used to play hookey and go fishing. We always planned to build a raft and float down the Mississippi like Huck Finn and Tom Sawyer. Even after we were grown-up we used to talk about it. Well, he'll never make it now." Then he sighed and added, "Wonder if I ever will?"

"Why, that seems like a simple thing," I said, hoping to cheer him. "And it's cheap enough. Why don't you spend the rest of the winter building your raft and after the spring floods are over—off you go."

The man shook his head hopelessly and went back to reading about Scrooge. Curious now, I glanced through his friend's obituary. Joe had left a widow and two children. Judging by his business connections he had made a great deal of money but there was no mention of floating down a river, or indeed, of any other adventure. And yet this had been an adventurous-minded man. He had been only 52 years old.

I thought, "He was probably always promising himself he'd do it next year." The plane gave another lurch. With a sudden feeling of alarm I glanced out the window. All was well. The engines throbbed steadily. I reminded myself that I had flown hundreds of thousands of miles, some of it in far worse weather.

Clearly my uneasiness was not caused by the ugly storm outside. I kept thinking about Joe who, like Scrooge, seemed to have let the grim business of getting ahead in the world take all the fun out of life.

He had probably never said, "Christmas! Bah! Humbug!" But perhaps he had a wife who said, "But, dear, think of your position. People will think there's something peculiar about a respectable businessman who suddenly begins floating around

TIPS *for your home and family*

STEPS TO HELP SAVE YOUR LIFE, FAMILY, AND HOME IN A DISASTER.

IT CAN HAPPEN TO YOU. Your town could be subjected to a major disaster. Within recent years a hurricane in Louisiana; a dock explosion in Perth Amboy, New Jersey; a blast in Texas City, Texas; an oil fire in Whiting, Indiana; a plant explosion in Los Angeles; tornadoes in Kansas, and similar tragedies have taken many lives.

BLIZZARD PARALYZES EAST. Last winter's snow storm stopped all activity on the entire East Coast for days. Although the snow had no destructive power, it created havoc. Transportation stopped. Hundreds of thousands of persons were without heat, light, or cooking facilities. Gas stations with a full supply of fuel were useless without electricity for pumps. Well-water was inaccessible for the same reason. Home fireplaces were poor sources of heat without well-stocked woodpiles. Phones were dead. Physicians, in stalled cars, were unable to reach sick patients. Stranded motorists had to fight for survival. Broken and dangling live wires in crowded communities and along country roads endangered lives.

COMMUNITIES COULDN'T HANDLE THE JOB. In each instance, the resources of the communities were found to be inadequate to handle the human suffering. These are peacetime disasters -- far less devastating than what might happen after a thermonuclear explosion.

HERE'S WHAT TO DO: To prepare for such catastrophes, Dr. Mary Louise Gloeckner, member of the Health Resources Advisory Committee of the Office of Civil and Defense Mobilization, urges each householder to provide in advance for basic needs of the family.

- Each home should have a two-week supply of food and water. Canned meat and juices, evaporated or powdered milk, soluble coffee, tea, cocoa, dehydrated soups, cereals, and canned fruits and vegetables should be included. Special foods for oldsters, babies, or invalids should be considered. This food supply might mean the difference between comfort and hardship if you are forced to stay in your home.

- A complete first aid kit to take care of cuts, burns, and other injuries is a necessity. It should be kept in a moisture-proof covering and placed in an easily carried box. At least one member of the family should know basic first aid. The Red Cross offers first aid training courses.

- Sufficient blankets should be kept on hand for everyone's needs. Electric blankets are useless when the power is off.

- If someone in the family is taking special drugs or medication for an ailment, make sure you always have an ample supply on hand.

(over)

This could be a serious problem for diabetics and those suffering from heart disease.

- Maintain a generous supply of dry wood for the fireplace. A camp stove with the fuel it requires will make cooking possible.
- Adequate fire fighting equipment should be maintained in good working order.
- A portable radio with a good battery to provide news on transportation, work, school, and safety instructions is important.
- To fight darkness, functioning flashlights and plenty of candles and extra batteries should be kept handy.
- Have the family car ready for movement at any time. If you must evacuate your home take a box complete with food, water, first aid kit, and blankets. Keep the gas tank full.
- Have plans for members of the family to contact each other if separated.
- Practice with your family what to do in case of fire in your home.
- If there is a civil defense disaster plan in your community, learn what it is and be prepared to act within it.

DON'T BECOME A "SPECTATOR CASUALTY." After the catastrophe, stay away from the disaster area unless you can do something useful. Don't go to sight-see. Remember, of the 570 killed in the Texas City blast, a good many were spectators. Be careful of debris if you must drive. Watch out for live wires, tree branches, washed-out roads, and flash floods.

USE YOUR TELEPHONE in emergency only -- don't jam busy lines. Listen to your radio for information and instruction. If you are in a flood or hurricane area, boil water until you are sure it's safe to drink.

BE READY: Doctor Gloeckner says, "We must be organized as a society and prepared as individuals to carry on in spite of any disaster."

REMEMBER, DON'T PANIC. If you are ready for the worst, and you've practiced simple survival techniques so that you know what to do, you will be better off than those who haven't prepared. Because of your planning, you and your family will have a better chance to survive.

* * * * *

GIVING A CHILLED PERSON ALCOHOL is the worst treatment possible, reports the Pennsylvania State Medical Society. The chilled skin of the drinker is flooded with blood drawn from the internal regions of the body. Alcohol doesn't give heat -- it only appears so when the skin is being warmed at the expense of the internal organs. Actually, the body temperature falls as a result of imbibing alcohol in a cold environment. After a person has been brought into a warm room and given a warm bath, he may have a modest drink of alcohol.

on a raft." And poor old Joe may well have had that attitude toward dozens of other things he had always hoped to do.

Well my wife, thank heaven, wasn't like that. Suppose I had to write my own obituary up here in the storm tonight? How would it read? Faintly amused by the journalistic exercise I scribbled a few paragraphs on the back of an envelope. Then I frowned at them. I had managed to make myself sound fairly distinguished—but wasn't I a bit one-sided or even a little dull? What were all those things I'd promised myself I'd do someday when I got the time?

I looked again around the cabin. It was not a full payload. There were about 30 men, perhaps half a dozen women. In just a few hours now the Christmas bells would ring out and all these people would be snug in warm, bright rooms toasting the yuletide, giving and unwrapping expensive presents. Some of the presents, I knew, would cost more than the giver could comfortably afford. Yet how many would really hit the spot, show affection and understanding, answer a long-felt need?

Reaching into my pocket I turned over a slender, silver-wrapped package. It was a little extravagant but not a foolish present. My wife needed a new wristwatch, although she hadn't mentioned wanting one with diamonds sprinkled on the sides. I suddenly wondered whether it would do for timing relay races at Girl Scout meetings.

What she really wanted, I knew, was a pair of water skis. But that was real extravagance. She had never been on water skis. How did she know she could do it? How did she know she'd like it? It was just one of those things she'd always meant—

That did it. In the next half hour, scribbling furiously, I drew up an "Always Meant To" list. It looked like this:

1. *Ways to improve yourself*
   a. Intellectual (Read Gibbon, Montaigne, modern poetry; learn chess; take night course in physics.)
   b. Physical (Make weekly date with Bob for tennis; try mambo dancing; take diving lessons even if feel like fool in front of

SAVE THE CHILDREN
FEDERATION

Christos has almost given up hope

Little Christos never has any fun. Life to this ten year old Greek boy is drudgery and bitter poverty. And yet, Christos has a dream . . . some day he will make life better for himself and his family. And so he walks many miles each day to attend third grade in a small, dark room that passes for a grammar school. He learns the lives of venerated men who gave so much to Greek culture and to the world—Aristotle, Plato, Socrates—and he dreams. In the late evening, he returns home leaving just enough time to do some errands and study his lessons. But life is so dark now . . . how long can he live and nurse his dream and carry hope in his heart?

Christos' parents were married just after the war when everyone hoped for a better future. Instead, Communist inspired uprisings spread over the country. Christos' father, joined the National Guard and took part in many battles. When guerilla bands entered his village they destroyed his house and burned all his belongings.

Life for Christos' family began all over—from nothing. They now live in a hut with a roof of straw. They own three pieces of furniture. All must sleep on straw mats on the cold earthen floor. Their only property is a quarter acre of land which the father cultivates early in the morning and after dark. During the daylight hours he must work on other farmers' land for daily wages to buy food.

Christos sees his father's plight and thinks. "My father struggles for a better future; I must help him." At the age of 10, Christos still has hope.

Save the children and you save the family

If only someone could extend a hand to help Christos and his family help themselves, give them courage for the future that looks so dark at this moment. Someone can, and that someone is you. A child like Christos becomes "your child" through an SCF Sponsorship and receives food packages, warm clothing and many other material benefits in your name. But the whole family receives the greatest gift of all—"hope." You may correspond with your child and discover for yourself what your understanding and generosity means to a struggling family. Won't you please fill in the coupon now?

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Before 'BOROFAX', the Smiths were a very unhappy family...

Dad's skin was badly dried out from too much sun.

Mother's hands were pitifully chapped from dishwashing. Brother's knees were painfully chafed from climbing the apple tree, and baby sister...well, she had diaper rash. They needed something soothing and emollient to solve their problems.

Then one day they heard about 'Borofax' Ointment. They learned that the soothing and emollient 'Borofax' formula was wonderful for treating dry skin, chapping, chafing, diaper rash, and abrasions that seem to plague families. The Smiths also learned that 'Borofax' contains lanolin, long used as a lubricant for the skin.

From that day on, the Smiths have been noticeably happier. They always keep 'Borofax' on hand as insurance against many of their skin troubles. It comes in convenient tubes and economical jars.

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teen-agers; get complete physical checkup as promised five years ago; lose 10-15 pounds?)
   c. Hobbies (Refinish that table never had courage to tackle; plant wild flower garden; do serious trout fishing; experiment with growing beard.)
2. *Activities with children*
   a. Three-day canoe trip as promised two years ago.
   b. Form family reading circle and read Mark Twain, Booth Tarkington, Jack London.
   c. Take children on visit back to home town. Show them lamppost firemen rescued me from top of, ball park, store where I got first job. Look up old school teachers?
   d. Take family to Washington, D. C., and other national shrines.
   e. Chop down own Christmas tree; make own ornaments at family fireside.
3. *Activities with wife*
   a. Throw away travel folders and start traveling—Japan, Mexico, Hawaii—by pogo-stick if necessary.
   b. Travel locally, too; take long walks in odd neighborhoods.
   c. Take guitar lessons together.
   d. Get tandem bicycle.
4. *Giving to others*
   a. Take fatherless boy in Tom's class to next father and son dinner.
   b. Have United Nations couple or exchange students to dinner once a month.
   c. Help support overseas foster child.
   d. Work harder and pray harder for peace and brotherhood.

Well, there it was, I mused. Tailored, of course, to my family and myself, a list of a lot of the things we'd always meant to do and somehow never taken time for. Simple things, most of them. Except for the trip to the Orient, they could be on anyone's docket and started tomorrow. Come to think of it, none of these achievements would probably show up in a person's obituary. But I knew if I got most of them done, it could truly be written that I was a pretty happy guy.

It's a rare man who can throw up his job, roll up his past, and set out

to live a new life in some distant place. It's a rare man, as a matter of fact, who wants to. Most of us are content to keep our shoulders to the wheel.

The important thing, I discovered that Christmas Eve, is not to let yourself get to thinking that you are tied there. There's no appointment so crucial, no schedule so tight that it can't make room for the warm impulse toward strangers, the occasional screwball outing for yourself, or hours of shared leisure with your family.

"If Scrooge were around today," I thought, "I'm sure he'd back me up."

The plane's motors had slowed perceptibly. We had flown through the storm and were circling slowly in the clear night. Down below, the giant Christmas tree that is all of New York City blazed up in holiday splendor.

I gave the jeweler's box in my pocket a farewell squeeze. I could get credit on it. If my wife still cherished a vision of herself in a bikini, tearing along in the wake of a speedboat, the least I could give her was a chance to try it out. If it didn't work, there would be no reproaches. The water skis would make fine wall decorations. I knew a sports store that would still be open.

A few minutes later, we landed. I hurried from the plane, nodding goodbye to my fellow passenger who still clutched his copy of *A Christmas Carol.* In a way, he had helped change the rest of my life.

My wife and children were at the gate, waving at me. I greeted them in Scrooge's own words.

"Hallo! Whoop! Hallo there! Merry Christmas!" END

How to Set Up a Baby Sitter Co-op

(Continued from page 40)

difference in its popularity with sitters.

As a rule children were on their best behavior with sitters. They showed off and put on their cutest antics. Sitting mothers found that they were far more patient and understanding with other people's children than they were with their own.

"Why battle with them?" explained one mother. "You can't get the upper hand in one evening anyhow."

The rules said that day sitting was to be done at the sitter's apartment. But if naps were more convenient at the children's own home, sitters frequently waived this rule. One sitter with two children of her own was asked to sit for a mother with seven youngsters, one to nine years old. She bundled the combined family into a motley assortment of strollers and buggies and set out for the park. They even ate their lunch there and had a thoroughly fine time together.

Today the T & G Baby Sitters Co-op is managed by an executive committee, which the women elect to a six months' term. The balloting is more or less secret.

"We all use the same pencil," admitted one woman, "but we try not to look over one another's shoulders during the voting."

The executive committee, which consists of a chairman and two members, handles the inevitable minor problems that come up. It used to be that the chairman alone had to listen to all the complaints and disputes. But reasoning that a woman may be willing to needle a chairman's sympathetic ear with her petty grievances but will think twice before airing them before a committee, this was changed. Now any member may complain, but she has to do so before the full committee.

It also is the committee's job to recruit new members. Calling on the mother who wants to join, they explain all the why's and wherefore's. They also talk to her husband, because unless he backs her up no woman can be a good member.

On the third Tuesday of each month the mothers of the co-op meet in the apartment building's auditorium or in the secretary's home. They have dessert and coffee as a prelude to an evening's discussion of new rules and policies. They also compare notes on children and how to raise them.

"I'd never really seen a baby close up before I had mine," said one pretty 22-year-old mother. *(Turn page)*

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OINTMENT

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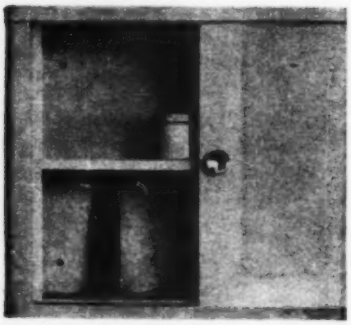

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At the meetings she picked up a lot of useful information from mothers who ranged up to 40 years old.

Mothers attending these meetings find something of the give-and-take of a New England Town Hall. Together they have worked out a code of rules for their co-op which insures fairness, safety, and convenience.

Most discussion hours went into formulating the point system now in use. During daytime if a child is under five, five points per hour are earned by the sitter who takes care of him. One point is charged for each extra child under five. No points are counted for additional children over that age. The mothers debated this rule long and hard, but they reasoned that most children are reasonably self-sustaining by that age, and do not require the close supervision that the younger ones do.

Saturday Is Date-Night

"They play with their friends on the playground and are no real trouble," said one mother. "What's more, it's educational to sit with them if your own children are all younger. You learn how your kids are likely to act in a couple of years."

Nights, it is a different story. Usually parents have put their small children to bed before the sitter arrives. After bedtime and before one a.m., four points an hour are charged, regardless of the number and ages of the children. But if children are up for more than a half hour, the higher day rates are in effect.

The co-op charges six points an hour after one a.m. A minimum charge for an evening sitting is 10 points. On Saturday nights, still date-night to these young couples of the T & G Apartments, an extra five points are charged.

When a member drops out of the co-op, her plus balance is distributed among those having the smallest number of points. If there is a minus balance, the high point holders each lose points to make it up.

Unless special arrangements are made with the sitter, no sitting is done between five and seven in the evening. Back in her own apartment, the sitter has to cook and serve her own family's dinner during those hours. There also is no sitting on major holidays, including Christmas, New Year's, Easter, July 4, Memorial Day, and Thanksgiving.

Members try to keep their point balances high, and the low girl on the co-op totem pole welcomes the assignments that come her way. On the whole, members use the co-op service about five times a month, but one gregarious couple went out every night for a week. The wife's balance plummeted from a plus 37 to a negative 53. She immediately phoned the secretary as she is supposed to do and asked for assignments. Within a week she was given so many dates that she was able to run her balance back up to plus 75.

When the T & G Baby Sitters Co-op was started, most of the mothers had only one child. Now most have at least two. Once they wondered how a woman could ever manage two youngsters at once. Now they wonder what they did to keep busy before the second baby came. All of them say that their experience sitting with other people's children has made them more relaxed and more effective mothers in their own home. Moreover, a strong community feeling has grown up among the mothers in the co-op.

"Once we talked about your children and my children," said one mother. "Now we talk about *our* children." END

A New Life—at a Leisurely Pace

(Continued from page 27)

along Florida's west (Gulf of Mexico) coast.

Jack W. Miller, a northern businessman, says, "I call my lot my 'cigarette money property' because the amount I invest each month is what I used to let go up in smoke. I consider my property an investment in Florida's future."

The Mackles themselves have always looked at Florida's future through lenses highly colored with optimism. Their company was started in Jacksonville in 1908 by their father, Frank Mackle, a native of England who headed south to make his for-

tune when fellow Britishers were insisting on remaining in the northeast. Mackle also refused to follow the exodus of other builders back north during those harrowing years when Florida building and Florida real estate was hitting bottom.

"With this climate, this scenery, and so many natural wonders, this state has got to come back big," he lectured Elliott, now 49; Robert, 46, and Frank, 42.

He had his sons working for him when they were only schoolboys. Afternoons and summers, they mixed concrete and hammered nails. When they started working for him full time, he had them recite regularly his dictum: "Be the first man on the job and the last to leave. Build good structures. Watch every penny of your costs. Don't build monuments to yourself."

Until recent years, the Mackle Company was identified in the trade primarily with heavy industrial construction. Frank Mackle, Sr. built factories, hospitals, office buildings, and schools in various parts of the South. When he died in 1941 and his sons inherited the business, they continued this pattern, building such huge projects as the Key West Naval Base. Their switch to home building early in the 1950's was triggered by an angry letter they received from a distant relative; a member of the branch of the Mackle family which had remained in New England.

The relative had canvassed Florida from one end to the other in a vain search for a modestly-priced ocean-front home. Like other people who were ready to retire on a fixed pension, he was bitter about the fact that the good locations in Florida had been staked out for luxurious living. "I don't want to live in a hut in the Everglades, I want ocean breezes," he wrote. "You fellows are supposed to be builders. Why don't you do something about it?"

The complaint might have been sloughed off by the average building firm, but the three brothers took it to heart.

"We've always felt that a builder has a social responsibility to the community, as well as a responsibility to himself to make a profit," Elliott Mackle points out. "This letter really got us off our seats. We checked and found that nothing was being done to accommodate people like this relative of ours, and decided we ought to do something about it."

The Mackles realized it would be risky to move from industrial construction, with its large profit per unit, into low-priced development housing where the per-unit profit would have to be small and where they would have to deal with thousands of individuals, each with his own foibles.

They took the plunge after running two market surveys. One indicated that an important percentage of the growing number of pensioners in this country would like to live in their own retirement homes. The other showed a marked preference for Florida as a retirement site, provided one could live there on a small income.

Though other builders warned that you couldn't successfully mix sentiment with business, the Mackles have been making every one of their "re-

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The brothers behind the Mackle Company (l. to r.): Elliot, Frank, and Bob.

tirement cities" pay off. They started with a 2400-home development at Pompano Beach Highlands on the east coast and followed that with increasingly larger developments.

To develop Port Charlotte as the biggest real estate venture in the country, they set up the General Development Corporation. The Corporation, listed on the American Stock Exchange, is operated by the Mackles, but it provides them with additional financing. The Mackles' mass production techniques, their large-volume purchases of land and materials, and their training in the art of keeping costs down enable them to keep home prices competitive. Cost-cutting includes doing their own concrete and roadwork, extends to saving pennies where possible. For example, the company recently saved 45 cents on each house by finding a new way to install electrical conduit. The firm's national advertising budget, bigger than that of any other builder, has produced the volume selling necessary to their operation.

The fact that the Mackle name is becoming nationally known outside the building trade has not affected in the slightest the Mackle boys' ways of life. They occupy a single office in the company's Miami headquarters and pool the services of a single secretary. Call the offices of the South's largest home-building firm, and if the secretary is busy, chances are one of the three "brass" will answer you.

Everything is decided in informal give and take. The brothers believe in never ending the day with a problem. If there's one still unsettled at quitting time, they step into a lounge, or "throne room," just back of the office, thrash it out, then go home for dinner.

Because of the insecure nature of their type of business, home builders have a reputation for being temperamental and argumentative. The Mackles belie this legend. They don't scream into telephones—they talk softly, with southern dignity. They operate in a quiet, unruffled atmosphere, and shirt-sleeve informality. They work regular 8:30-5:00 days and don't believe in getting involved with business after hours.

Tall and broad-shouldered, all the Mackles wear the same cut of conservative clothes. In addition to being brothers and partners, they're close friends, and their children follow their example. After having seen each other at the office all day, the brothers are likely to spend the evening visiting one another's homes, which, incidentally, are in the moderate price range. They fish, golf, sail, and go to the horse races together.

Not long ago, a Florida civic association and a post of the American Legion cited the Mackle brothers for "giving the best value in real estate" and for bringing "humanitarianism into home building." Frank Mackle commented, "Dad and Mom brought us up to live religion each day, not just on the seventh day. Maybe that's what those folks mean by 'humanitarianism.'" END

A Letter from Stan Delaplane

(Continued from page 12)

My boy gave me a stricken look. Then he reacted the way small boys will react when faced with grave decisions.

Fortunately we brought along a change of pants.

☆ ☆ ☆

After that we just stood and watched other people go up and see Santa Claus.

We wandered around a little and inspected the toy trucks. I am an expert at toy trucks. We had quite a tussle to see who would run them. I won, but it was a hollow victory. Such a fuss.

Anyway, I would say it is well

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worth while to visit Santa Claus these days. If you are a grandma. Or an expert on toy trucks. It is okay if you are three years old, too. As long as you stay at a distance.

On the way out, we passed Santa again. My offspring shifted sides. So that I was between him and Santa Claus.

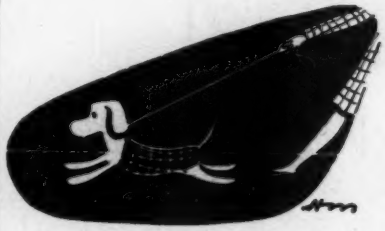
I may not have as loud a voice as Santa Claus. But he thinks I can lick him. END

"Four Hours a Day, The Rest for Play"

(Continued from page 27)

pride of workmanship found in an older worker," he says, "accounts for better quality with fewer errors than the younger worker."

He adds: "Unfortunately, only a few who come to us can qualify, because of the special skills and experience our work requires. However, we have been discussing with northern manufacturers a way to expand the Joa Plan by offering their retired workers continued employment in Florida. Under this arrangement, these firms would provide work to be



done and the Lake Wales group would provide management and supervision."

IN CHICAGO, Senior Achievement, Inc. approaches the same problem in a somewhat different way. This nonprofit organization began in 1955 with a small machine shop and $30,000 contributed by several Chicago industries to provide useful and satisfying work—and some income—for people over 60.

Last year the program paid out more than $107,000 in wages and was 74 per cent self-supporting.

Aided by membership dues (individuals and companies contribute $10 to $1000 a year; employees pay $2 a year), Senior Achievement produces sub-contract work for firms like Marshall Field, Sears Roebuck, and General Motors, and supplies temporary workers for other companies' rush periods.

Since 1957, when a packaging and assembly operation was added, about 70 per cent of the employees have been women. Last August about 100 of them were working seven hours a day (less if they preferred) on orders for three million Christmas bows of fancy ribbon. They also have produced key chains, wire bacon drainers, and shower clogs. Male employees in the machine shop work a five-and-a-half-hour day, turn out book racks, picture frames, easels, typewriter tables, and tie racks.

Other employees take outside jobs. These include baby sitters, practical nurses, elevator operators, janitors, bookkeepers, cooks, and teachers. Last year more than 700 persons were employed in all, though not all at the same time.

Senior Achievement leaves the social aspect of aging to churches and clubs. "We operate on strictly an economic and business basis," says David E. Sonquist, executive secretary. "Sociological problems are not our concern. But by allowing these people to earn some money and be busy, they can afford to belong to social groups of their choice."

The wages they earn are not large. "Perhaps more important," declares Sonquist, "is that a job helps them to keep their self-respect. It gives them a chance to maintain their self-confidence and keeps their minds and bodies active and alert."

The program is growing, though its sub-contract work fell off in recession months. Plans are under way to open a west-coast branch and perhaps to become nation-wide.

There is no maximum age at Senior Achievement; there are workers as old as 84. One remarkable example is an 81-year-old former department store owner who is now an office man and receptionist for a busy brokerage firm. "He's made many friends for the company," say his employers. "We wouldn't trade him for a college boy!" END

When They Won't Take Their Medicine

(Continued from page 9)

Almost any child resisting medicine will open his mouth to cry, allowing the spoon to be inserted. Suppose, instead, he clamps his mouth shut. This means the mother needs both hands free. She should wrap the child snugly in a sheet or blanket with his arms against his sides.

Figure C shows the technique. With one hand, the mother is steadying the head and exerting gentle pressure with her fingers on the child's cheeks, forcing her mouth open. The spoon is held ready in her other hand.

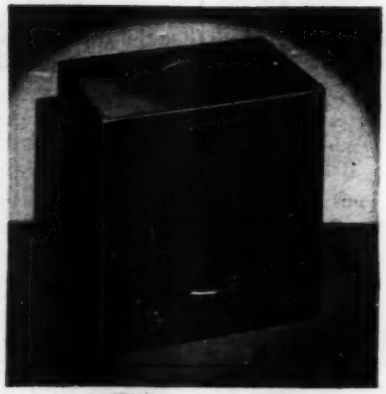
Figure D shows a mother administering eye drops without assistance. This is admittedly a difficult trick, but can be done with proper preparation. After the child is wrapped in a sheet, mother pulls the lower eye lid down gently, making a small pocket into which she drops the medication. Both her hands can help to steady the head.

Nose drops can be administered from this position also. A quicker method is to modify the position shown in Figure B, rocking the child's head back across the mother's arm.

Oral medication is often prescribed in a drop form. This can be administered by the method shown in Figures A, B, or C. A simple trick which may avoid a struggle completely is shown in Figure E. While the baby is taking her bottle, the dropper is inserted next to the nipple and the medicine administered a few drops at a time. The exact amount of medicine must be measured and drawn up into the dropper first. All vitamin drops and many other medicines have marked droppers which make this simple.

Figure F shows the position for giving an enema or taking a rectal temperature. The movements of the legs and body are completely controlled, and the hands are out of the way so that they cannot reach the thermometer or tube.

The enema bag is suspended from the shower curtain bar in such a way that it is no more than two feet above the child's buttocks. The parent sits on the side of the tub with the child



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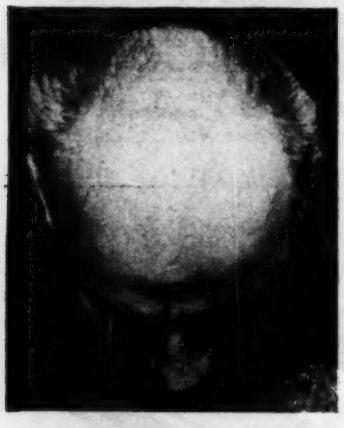

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across his lap, controlling the gradual flow of the enema with one hand. The other hand holds the child's buttocks together to prevent backflow.

Remember, giving medicine is like any other do-it-yourself home project. If your equipment isn't ready and your plans are not made ahead of time, the job can take three times as long as it should. Approach the whole procedure calmly, give the medication quickly and efficiently, and then give the child all the love and sympathy he needs. In the long run this causes less fear and resentment than a series of haggling, half-hearted, partially unsuccessful attempts. END

He Guards the Health of the Nation

(Continued from page 22)

Lee Burney practiced his later teamwork even when traveling on the South's back roads. "I would walk up on a porch and say that I heard somebody was sick there," he remembers. "I told them who I was and what I wanted to do and they always cooperated. Besides venereal disease, some people had malaria and hookworm and they were happy that somebody was there to help relieve their suffering."

In 1940, Doctor Burney was transferred to Kansas City. After two more years he was summoned back to Washington. But Lee Burney itched to get into World War II. In 1944, he was detailed to the Navy and was sent to Europe by the War Shipping Administration to battle his old enemy—VD—among United States troops. Penicillin was then scarce, so he used sulpha to combat gonorrhea and arsenic to check syphilis.

While abroad, Doctor Burney also studied other diseases, one of which has almost become extinct in the United States, thanks to vaccination. "I had never seen a smallpox case," he recalls, "so I was excited when I heard that a Naples hospital had 300 cases. Unfortunately, I knew little Italian, so I had difficulty explaining to my guide that I'd like to visit this hospital. Suddenly I remembered from my school days that the Latin for smallpox was 'Variola!' I pointed to my face and shouted 'Variola! Variola!' Knowing the disease was very contagious, the guide at first looked frightened. But after I reassured him that I didn't have it, he nodded, 'Ah, Signor!' and he led me to the hospital.

Returning to the United States in early 1945, Doctor Burney was made New Orleans' USPHS district director. But shortly afterward, Surgeon General Parran reluctantly loaned him to Indiana to be its State Health Commissioner. Lee Burney remained in this job for nine years—his longest single assignment—becoming one of America's outstanding health administrators in the process.

He pioneered in setting up some of the nation's first state old age, dental health, home accident prevention, and hospital improvement programs.

Zealously enlisting the cooperation of the medical and dental professions, the press, and public, he got the state to appreciate Ben Franklin's notion that "public health is public wealth." Unceasingly, he tried to bring Indiana's horse-and-buggy local health departments into the 20th century by, among other things, codifying many conflicting state laws which dated back to 1881.

In one community, meat was being adulterated with sodium sulphite; in another, an 80-year-old food sanitarian couldn't read or write; in another, a 96-year-old doctor was the one-man "health department;" in another, water engineers were selected by politics instead of by merit; in still another, a suspected typhoid carrier refused to submit stool and urine specimens on the advice of his politician son.

Doctor Burney improved many of these inadequate local health departments by establishing five alert branch offices. He also brought public health closer to rural people by launching a teamwork plan between state officials and farm groups.

Public Health administrator Burney also found time to be deacon of his Presbyterian church, teach at Indiana University's medical school, and publish many medical papers on subjects ranging from children's dental caries to old age nursing homes.

In 1954 he returned to Washington as Assistant Surgeon General of the USPHS and deputy chief of the Bu-

reau of State Services. In 1956, when Surgeon General Leonard A. Scheele resigned his $16,800-a-year post, President Eisenhower appointed Doctor Burney his successor with the rank of rear admiral.

Public Health Service officers wear the uniform and usually bear the rank of Navy men because the service was started in 1798 to supply medical care to merchant seamen. In those days, its chief function was to help sick sailors and it was financed almost entirely by their dues.

In 1870, the USPHS was established as a national agency, curiously, under the Treasury Department. In this century, its officers helped stamp out American malaria, hookworm, pellagra, and typhus. They also pioneered in treating VD with penicillin, and developed the photo-fluoroscopic technique for tuberculosis chest x-rays.

Today Surgeon General Burney heads a vast medical empire which last year had a $682 million annual budget, nearly 25,000 employees including 3400 regular and reserve doctors, dentists, nurses, engineers, and scientists. It also operates 140 government hospitals, clinics, and outpatient offices.

Even more far-reaching, it now supports more than *half* of all United States medical research ranging from cancer, heart disease, and mental illness to the most obscure diseases. It checks the health of passengers and crews arriving at all seaports, airports, and border stations. As support for state action, it tackles such emergency public health problems as the 1952 mosquito-borne encephalitis outbreak in California and the 1955 hurricane and floods in the New England states. And it furnishes medical care to many American Indians and Alaskan natives.

Relaxed, soft-spoken Lee Burney—whose salary was recently boosted by Congress to $22,626 a year—administers the Public Health Service in a friendly but firm fashion.

"I've always found that when you tell people what you want to do and how you expect to do it, they are easy to work with," he says.

A man of deep conviction beneath his amiable exterior, he has a sense of humor that helps him over his difficult

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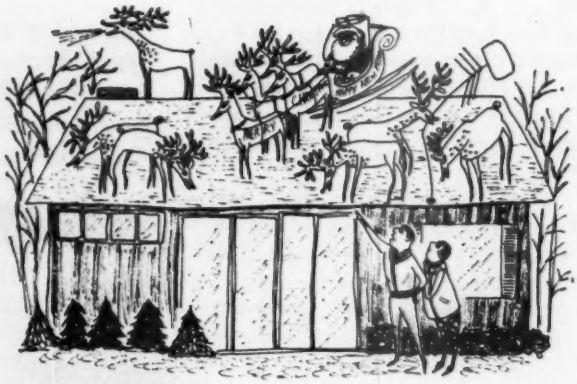
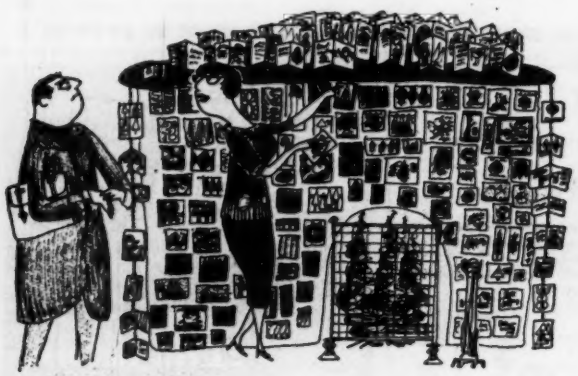


"We're in trouble, Ethel—at least half of those reindeer are alive!"

"You can tell Perkins is a window display man—no one has moved for two hours . . ."

"We haven't done much this year, but next year—"



"We're fortunate, Fred; we haven't had time to make friends, but a peddler came by with used cards."

"That Carstairs will do anything to attract attention . . ."

problems. "Doctor Burney knows what he wants to do and does it," says Dr. William Shepard, Metropolitan Life Insurance Company vice president in charge of health and welfare. The American Public Health Association's Wilemina Walsh adds, "Character, they say, is the ability to absorb pressure without passing it on, and Doctor Burney has that quality."

The low-pressure Surgeon General has a disarming way of telling aides, "I want to hear about any trouble you may have coming up and I'll be interested in knowing how you expect to handle it."

Doctor Burney has a talent for talking experts into working for the USPHS. More than a thousand leaders in American medicine, public health, education, and related professions outside the federal government now serve in advisory capacity to the Service.

"Today because of greater population and industrialization, and the use of new chemicals, many problems such as air and water pollution can't be solved by states, communities, or organizations alone," insists Doctor Burney. "That's why we all have to work together to lick them."

Last month he called together a National Conference on Air Pollution in Washington. "City people pay for air pollution in increased laundry, cleaning, and painting bills," he says. "And some farmers pay for it in damage to their crops and livestock. We also know that man-made pollution and natural fog caused 20 deaths in Donora, Pennsylvania in 1948, and several thousand deaths in London in 1952 and 1956."

Surgeon General Burney strongly believes that the practicing family doctor is the key to immediate and future medical progress. "Today, serious and widespread health problems can't be solved without him," he points out. Last year he created a USPHS Advisory Committee on Medical Practice Relations. This small group of key doctors spends several days in Washington four times a year informally telling the Surgeon General about their medical problems and being a sounding board for those of the Public Health Service. "It's mutually helpful," says Doctor Burney.

"Too often there's a lag between finding an answer and applying it," he says. "This simple cervical smear test for cancer is an example. This is an effective, economical way of detecting cancer of the cervix in women, but it isn't being used nearly enough. Neither is the new simple test for diabetes. I hope we can soon develop a test for stomach cancer in men. Yes, I'm confident that we'll find a cure for some types of cancer in the imminent future. Whether this means in one year or five years, I don't know. You can't draw a clear line between basic and applied research. Wasn't Pasteur trying to solve some of the problems of the French wine industry when he opened up a whole new field of bacteriology?

"The important thing is to create a free, secure, intellectual atmosphere for the research scientist. Sure, if the scientists in our National Institute of Health turn up evidence that a change in our national diet will curb heart disease, I won't hesitate to recommend it."

The Surgeon General also cham-

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pions a greater study of the chronic ills of our aging population. Hailing the recent AMA Conference on Aging in Chicago, Doctor Burney observed, "It was inspiring to see the presidents of every state medical society and every state health officer working with national and local leaders for America's senior citizens."

North Dakota's recent heart disease study was also heart-warming to Doctor Burney. All of the doctors in six counties banded together to report and follow up with detailed information on every coronary case they had encountered in a year. They made the study themselves. The USPHS provided a full-time medical consultant to help tabulate and analyze the data. Recently a similar research project was launched by doctors in Connecticut—a state with a high coronary death rate.

Surgeon General Burney believes that doctors are increasingly emphasizing "positive health," teaching their patients how to stay well instead of just curing disease.

"Look how much teaching is required when the father of a family is stricken with heart disease," he reflects. "At first, the doctor has to fight for his patient's life. Then he has to guide the wife through the difficult hours. Next, there is the delicate job of bolstering the patient's courage, maintaining his trust, and getting him to cooperate in his recovery. Each step requires the greatest insight, tact, and skill.

"Then there is the long rehabilitation road with the patient and his family, which may include a financial fear and a search for a new way of making a living. Throughout all this, the doctor must remain objective, resourceful, and understanding. Does any other work require such talent?"

One of Doctor Burney's latest concerns is international health education. Last May he was elected president of the United Nations' 11th World Health Assembly—the governing body of the World Health Organization—which then met in the United States for the first time. Composed of 88 member nations, including the Soviet Union, WHO has a small $14,300,000 budget of which the United States contributes about a third, and Russia about 12 percent.

"We're a small world, health-wise," muses WHO president Burney. "WHO is now stepping up its campaign to wipe out malaria, which still kills a million and a half people each year. Over 150 million persons get malaria every year, even though DDT and other insecticides can eradicate it. Not long ago some industries wouldn't move to some of our Southern states until we sprayed the swamps and other breeding places of the mosquito which causes malaria.

"WHO is now also trying to get rid of smallpox, yaws, tuberculosis, cholera, typhoid fever, yellow fever, and leprosy. Two million people in Africa alone have leprosy."

At a testimonial luncheon given for Lee Burney last July by the District of Columbia Medical Society and the Washington Board of Trade, President Eisenhower sent this message:

"Doctor Burney . . . added new luster not only to himself, but to the cause of public health in America and throughout the world in guiding the World Health Assembly in its recent productive sessions in Minneapolis. Doctor Burney works — and works well — in the noblest cause of all: the relief of human suffering."

Because of his growing international and domestic duties, Lee Burney has little free time these days. Though still maintaining his legal residence in Indiana, he lives in a modern apartment house in Alexandria, Virginia, across the river from Washington. He used to golf and fish, but nowadays his only exercise is walking and swimming. He enjoys making flapjacks on Sunday mornings and divinity candy during the Christmas holidays.

To get re-acquainted with his family, last August he vacationed in a half dozen European countries with his wife and two children, Kay Susanne, 18, a freshman at Indiana's DePauw University, and Robert, 22, a freshman medical student at the University of Pennsylvania.

Is there any possibility of socialized medicine in America? "Definitely not!" replies Doctor Burney. In January 1957, before an American Medical Association meeting in Chicago, he said: "The Public Health Service has . . . taken the position that there should be no centralized pattern, no edict from Washington . . . to be used

in achieving a goal of optimum vaccination of the public against polio. The planning of the program was left to the states and most of them—very wisely—have passed on this responsibility to local communities . . . "

Recently he told TODAY'S HEALTH, "Federal control of medicine is one of the great differences between Russia and us. They have practically the same health problems as we do. But our medical care is much better because it is on a more personal doctor-patient basis."

Not long ago when a Russian physician was leaving the United States, Doctor Burney thoughtfully asked him, "What do you consider the chief weakness in American medicine?"

Quickly, the Russian doctor shot back, "You don't have enough control of health like we do in the Soviet Union."

The Surgeon General of the United States Public Health Service—a happy, moderate man whose one-word prescription for curing ills is "teamwork"—smiled softly to himself, murmering, "Our government has *enough* control and *more* cooperation." END

Our Soiled Atmosphere

(Continued from page 33)

in that smog may be unpleasant, indeed.

During such smogs people may ask: "Why isn't something done?"

Usually they blame industry for the smog, piously forgetting about their own contribution to the pollution of the atmosphere.

"Contrary to public belief, the largest contributor to air pollution is not industry. It is the individual who complains the most—the resident," says H. A. Leedy, president of the Midwestern Air Pollution Prevention Association, Chicago. He adds: "The thousands of homes and small apartment furnaces, and the millions of automobiles, trucks, and buses produce far more pollution than does industry."

The fellow who bitterly asks: "Why don't they do something?" may be the man who burns his garbage in his backyard incinerator. Every fall he may burn the leaves from his yard. He lights a fuel oil or coal heater when the house needs heating. He drives an automobile which spews a continuous stream of unburned gases into the atmosphere.

Consider that thousands, and perhaps millions, of people in a city may be doing the same thing. Then it becomes easier to understand how just a little bit of smoke or waste gases may contribute to the total problem.

"A long line of autos returning into a city after a week-end drive is equivalent to moving a smelter into that city, at least temporarily," says Dr. W. L. Faith, managing director, Air Pollution Foundation.

Of course, in many areas industry may be at fault. But it is easier to cap exhausts on industry's smoke stacks than it is to halt garbage burning or auto driving. Industry usually takes steps quickly to correct a pollution problem, not only because of the public relations value of such moves, but also because industry is aware of possible litigation if any damage can be traced to its smoke stacks.

But positive steps can and are being taken to reduce the pollution contributed by the motorist and the householder, and to protect you from some of the effects of air pollution.

A first step in that direction is to clarify which pollutants in the air are harmful. In this industrial age we can never hope to have only pure air over our cities. There will always be pollution to some degree. But efforts should not be wasted toward removing harmless pollutants from the air when better results could be attained by focusing all attention on removing those which are harmful.

In New York City, U.S. Public Health Service researchers now are methodically checking records of illnesses covered by the Health Insurance Plan of Greater New York. Special attention is being paid to respiratory illnesses which may have relationship to the air people breathe.

Locations of patients are noted, as are air sample readings showing the amount of pollution usually in the air at those locations. The project is expected to show the relationship of air pollution to certain illnesses.

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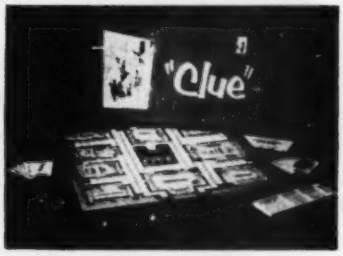

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A National Air Sampling Network now has been established by the Public Health Service at over 100 locations around the country. A majority, of course, are located in large cities. Periodically, samples of air are collected and are sent to the Public Health Service's Robert A. Taft Sanitary Engineering Center in Cincinnati. Samples are analyzed and correlated with other data to provide a picture of air pollution trends around the country.

A community air pollution program helps cities and towns establish local programs to control pollution.

Industrial plants are being encouraged, and sometimes required, to install collectors, filters, precipitators, and other devices to reduce air pollution. The automobile industry now is spending over $1 million a year in research aimed at finding a way to reduce the amount of gases coming from automobile exhausts.

Unfortunately, however, auto devices which reduce waste gases from exhausts also add to the cost of operating automobiles—probably about $50 to $85 a year, according to the Air Pollution Foundation. Motorists wouldn't like such a charge, naturally. But control of air pollution is not going to be cheap.

In the Los Angeles area, industry has spent $50 million on control equipment alone. A city ban on incinerators has added an estimated $40 million a year for rubbish disposal. The current program for controlling air pollution in the area calls for spending $4 million a year by communities involved. The Air Pollution Foundation, which is headquartered in a Los Angeles suburb, has spent $525,000 annually since 1954 doing research and promoting anti-air pollution work.

Nobody expects air pollution will ever disappear as a problem. But there is reason for hope that control will reduce the element of danger which exists in unrestricted pollution of the air we breathe. END

Best Show on Earth

(Continued from page 45)

$40,000 brain exhibit where he learns that this is what distinguishes him from animals. The brain, he is told, is the most complex thing in existence. "The tiniest functioning parts of the brain are the nerve cells. Each cell has a body and two long arms, the top one for receiving messages and the lower for sending messages. The brain cells are the liveliest in the body for the brain is constantly receiving sensations and sending messages to all parts of the body."

The visitor moves on to the coughing man where, through a peep hole, he discovers how fantastically germs are spread when one coughs without covering the mouth. The mouth exhibit displays all parts accurately labeled. On goes the visitor to the teeth and an explanation of how they are formed, how they decay, and how to preserve them.

"Life Begins" is an actual panorama of life, unfolding the mysteries of man and woman and reproduction. From there the tour may lead to an exhibit of the structural systems, showing a man with all his muscles exposed and a skeleton that moves. Then the course may continue to exhibits of the eye, ear, skin, lungs (where you test your own lung capacity), and then the heart, a heart movie, a model heart, a demonstration of an electrocardiogram, and an oscilloscope for seeing and hearing your own heart beat.

The visit may conclude in the health theater, which adjoins the museum and is the permanent home of the Transparent Talking Lady. The theater seats 56 and has a projection room for showing films from the museum's film library. The theater also is available to the medical profession and public for meetings related to medicine, health, and hygiene.

The medical center and museum is a gift to Hinsdale from The Kettering Family Foundation. Eugene W. Kettering, president, was a prime figure in the development of diesel locomotives and is the son of Charles F. "Boss" Kettering, also a member of the Foundation.

"One of the main purposes in building the medical center and museum," says Eugene Kettering, "is to promote

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the establishment of other centers and museums in various communities throughout the country."

The center, in addition to offices for medical men, contains x-ray and pathological laboratories, prescription pharmacy, optical dispensary, and central stenographic service. A comprehensive medical library with a handsome reading room may be used by members of the medical profession, regardless of whether they are occupants of the center. Rentals from the professional occupants of the center are used for the maintenance of the center and museum, making it a self-sustaining project. Any surplus is donated to other philanthropic work.

Qualified biology instructors are in charge of museum classes. Volunteers from the Hinsdale area act as guides and hostesses, adding sparkle to the pleasant atmosphere.

The museum personnel prefers visiting groups limited to 100 or less because a large party becomes unwieldy. They overcrowd the museum and detract from the full impact of the exhibits.

The Health Museum has a fascinating appeal for all. It is proving daily that the individual is interested in his body, its organs, and their functions, realizing this knowledge will open the door to better health. END

Tell the Doctor What's Bothering You

(Continued from page 37)

most important elements in the doctor-patient relationship.

A difficult situation for a doctor to assess is the telephone call from a stranger seeking help. He is usually so vague as to make it almost impossible to determine the gravity of the situation. I never refuse such calls, even though they often result in a convention of doctors on the front doorstep of a frightened patient who made certain that *someone* got out to see him by calling a half-dozen different physicians. In most communities, doctors take turns manning a service which insures that no emergency calls for a doctor will go unanswered.

More on the amusing side is the systematic hypochondriac who wears each current disease like a new style in fashions. I have several patients who list their aches, pains, and ailments in a little black book and when they come to see me they check them off, one at a time.

I try to be kind and understanding with all my patients, and they seldom leave me. Even after four years as director of training for an Army Air Force medical training school during World War II, I found a full waiting room ready for me when I began practicing after my return.

About the only patient I can remember losing was a confused young man who paced our waiting room one day. He couldn't speak English and was unable to tell my receptionist what he wanted. Finally he burst into my office, popped out a set of false teeth with which he was having trouble and began scolding me in a language I couldn't understand. It took us several minutes to quiet him and steer him to the dentist's office next door.

The Waiting Room Problem

Most people are understanding about waiting to get into my office, and we try to schedule appointments so there will always be a minimum of waiting. But, of course, it isn't always possible to know how long it will take me with a patient—especially a new one. So sometimes people have to wait—and those who are unreasonable can cause a great deal of unrest in a crowded waiting room.

We have high fidelity radio equipment loaded with soothing music that the receptionist turns on whenever things get edgy. But music doesn't even dent the really extreme waiting room cases, like the cute child whose mother sat by while he blew three fuses within a few minutes by tampering with the switch of an air conditioner. Or the elderly couple who sit several chairs apart in the waiting room, consult their watches every thirty seconds or so, and talk in tones loud enough for me to hear in the inner office about how long they've been waiting.

The telephone is at once the greatest curse and the greatest boon in my life. When it rings, it usually means

work; yet there are many times I can eliminate a house call from my busy schedule by talking with patients on the phone and easing their tensions, providing, of course, they have confided in me sufficiently to make this possible.

We have five telephones in our home—but that didn't prevent the phone from becoming a major source of difficulty when our children were growing up. When the kids started those interminable phone conversations of early adolescence, my patients were continually getting a busy signal. The children always promised to cut short their calls, but somehow it didn't work out that way. When my patients began calling our neighbors and asking them to call me to the phone, we installed a private unlisted phone number for the children. We were accused of pampering our kids, but we didn't see any other way out of the problem. We still don't.

The social life of a physician is—by usual standards—peculiar. Generally, doctors spend too much time with other doctors. The reason is obvious. Doctors' families are willing to accept the social peculiarities of doctors—such niceties as disrupting a bridge party just as it's about to start by rushing out on a case. Only a doctor's wife would put up with this sort of thing very often, so we take the line of least resistance and do most of our fraternizing with people in the same profession.

A Doctor's Day

We don't socialize very much; we don't have time. My schedule is rather rigid—in a flexible sort of way. From eight to 10 in the morning, I have office hours, by appointment—usually for kids on their way to school and businessmen on their way to work. From 10 to one, I make house and hospital calls. Somewhere toward the tag end of that period, I stop home for a bowl of soup and try to catch up on accumulated phone calls while I'm eating. At one o'clock, I'm back in my office, and I stay there until my waiting room has been cleared out—which may be any time from five until seven p.m. In the evening, I make more house calls if they're necessary; otherwise I try to eat dinner before I complete my telephone calls and turn in—hoping I can get a full night's sleep. My days off are Wednesday, Saturday afternoon, and Sunday. I spend a lot of time on those days trying to keep up with the medical literature and working with several civic, professional, and church organizations.

On one thing I've learned to insist: a periodic, no-matter-what vacation, far away from my workaday world. It's decidedly to the benefit of my patients that I get away and brighten my perspective at least once a year. I turn them over to other doctors while I'm gone, and they never seem to suffer from my absence. I believe firmly that vacations are imperative to everyone—but especially to a doctor, who needs opportunity to look

beyond sickness and emotional distress and thereby enlarge his periphery of thought.

In my practice, I've found that emotional problems are present in almost every physical disorder. Well over half of all the ailments I see are caused by apprehension, fear, and anxiety. Thus *it is vitally important that the family doctor be able to discuss personal problems* with his patients, and give them an emotional outlet to ease their tensions. In addition to sound, up-to-date medical knowledge, the physician must have:

1. A sense of humor;
2. Optimism—the quality of hope;
3. A depth of affection toward human beings.

These tools are every bit as important as the instruments in the doctor's bag. For example, I never know just what I'm going to find when I come home. For years, our kitchen has done double-duty as examination room and site of minor surgery. Just last week, a former high school friend of my son got kicked in the head in a neighborhood football

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Edited by EVELYN J. DYBA

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game and showed up at our back door bleeding copiously. Mrs. Rardin brought him in, cleaned him up, and he was sitting docilely on our kitchen stool when I got home. We had to wait dinner while I put a half-dozen stitches in him.

This is all part of the game for every doctor and it's a satisfying experience. It's at times like this that both doctor and patient feel the close personal relationship that exists between them.

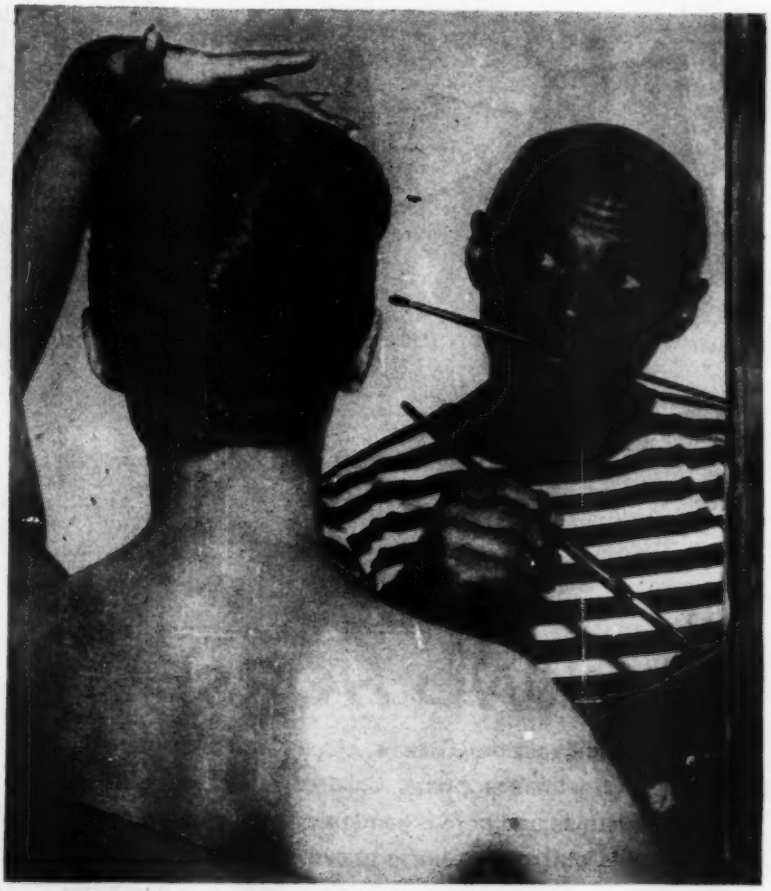
Chances are our frequent overnight guests would be a trifle uneasy about our breakfast room table if they knew how frequently it has been used for minor surgery. The most memorable operation I can recall performed there was on a young lad who had crawled under a house after his dog. The dog had a bone, and when the boy tried to grab him, the dog bit him in the face.

Throughout the 13 stitches I put in him without benefit of anesthesia, the youngster kept saying over and over: "He was my friend. Why did he bite me?" If only all of my patients could be as unself-conscious as this little boy. He never even felt the stitches because he was concerned about what he had done to violate the trust of his friend.

It has always been a special source of satisfaction to me to know that these people who show up at my back door look on me as their friend as well as their doctor. This makes it easier for me to do my work well; and I'm sure it gives them a special feeling of security that comes along with having a family doctor.

Dealing with as many people as I do each day, it's obvious that many of them require nothing more than a prescription or a simple explanation of a problem and a few minutes of reassuring conversation. Some people have patronizingly referred to this sort of practice as "minor medicine," and I'll admit there were times when I was younger that I sometimes wondered if I was a doctor at all. But no

Answer to Living Legends
(From page 10)
The comedian-pianist is Jimmy Durante of Clayton, Jackson, and Durante.



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longer. I realize now that every person who comes to see me has some sort of need—and he should gain something as a result of the visit. In this gaining, the great medicine is understanding and affection. Doctors—like teachers—often must play the parent-substitute role, and many times the highest gift we can give is peace of mind. This is a very real contribution.

Recently I spent many evening hours with the distraught parents and embittered husband of a young lady with a severe mental problem. The conflicts between her parents and her husband caused a deep emotional disturbance which manifested itself in her mental difficulties. These problems are now on the mend and order is being restored in this family—to a large extent because all of these people were willing to confide completely in me, trust in my judgment, and thus permit me to function, in every sense of the word, as their family doctor.

I can't stress enough the beneficial effects of complete trust in your family doctor. If you have no such feeling now, you should find a physician in whom you can put this unrestricted confidence. It's important to you and to him.

The homage long paid the family doctor—so often pictured driving his horse and buggy down a muddy back lane to succor an ailing fellow human—has persevered because of the tremendous satisfaction of that wonderfully close, personal relationship between doctor and patient. We can't go back to horse-and-buggy days or horse-and-buggy doctors—but that personal relationship is just as important today as it was then. Believe me, doctors want this just as much as do the patients.

And we can both have it, too—if people will do two simple things: first, recognize the importance of having a family doctor who is intimate with all your problems; and, second, look around to find a doctor in whom you feel you can confide these problems completely—and then stick with him.

The results can be tremendously important to the patient. And they will make a rewarding profession even more so to the doctor. END

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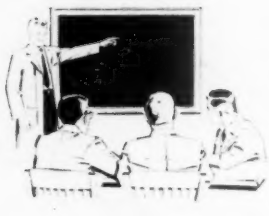

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